

Dementia research opportunities in the UK

The Translational Research Collaboration in dementia, the UK Dementia Platform, and experimental medicine research at Oxford



The problem





The problem



- 44 million affected people
- 800,000 in UK
- The only disease with increasing deaths since 2000
- Current spend > \$600b
- 135 million cases by 2050
- Projected spend > \$1 trillion by 2050

The banker

Andrea Ponti
JP Morgan

The pharma CEO
Paul Stoffels
Johnson & Johnson

The funder
Francis Collins
NIH



The clinician researcher
Ed Richard
Amsterdam

The regulator
Maria Issac
EMA





What has changed?





G8 becomes the G7 as leaders kick Russia out: It's not a big problem, says Putin's foreign minister

- · World leaders said it was up to Putin to 'change course'
- · Leaders of the countries agreed to meet again without Russia
- David Cameron made it 'clear' this summer's G8 summit was cancelled

By TAMARA COHEN

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Dementia funding opportunities to April 2016

•	Alzheimer's Society	Doctoral Training centre	£600k
•	Alzheimer's Society	Drug Development programme	£800k
•	Alzheimer's Society	ADDF Drug repurposing programme	£2m
•	ARUK	Alzheimer's Drug Development Centre	£10m
•	MRC	Dementia capital	£15m
•	MRC	UK Dementia Platform	£12m
•	MRC	Deep and Frequent Phenotyping	£6m
•	EU	IMI-EPOC	€60m

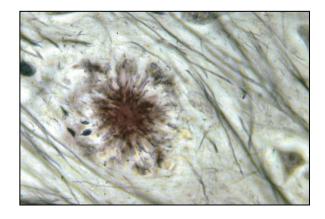
..... approximately £ 100,000,000

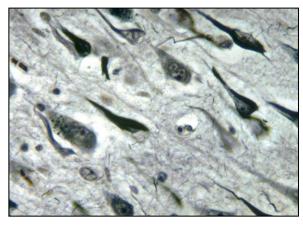


Alzheimer's disease – What do we know?

Alzheimer's pathology

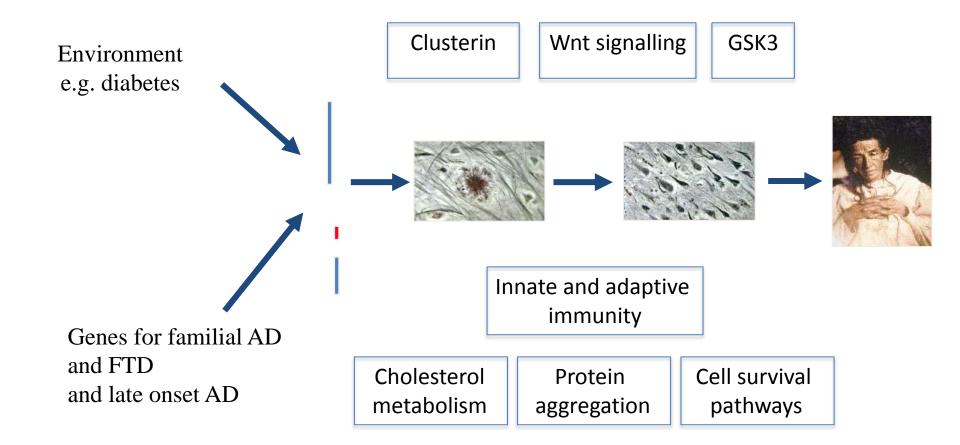






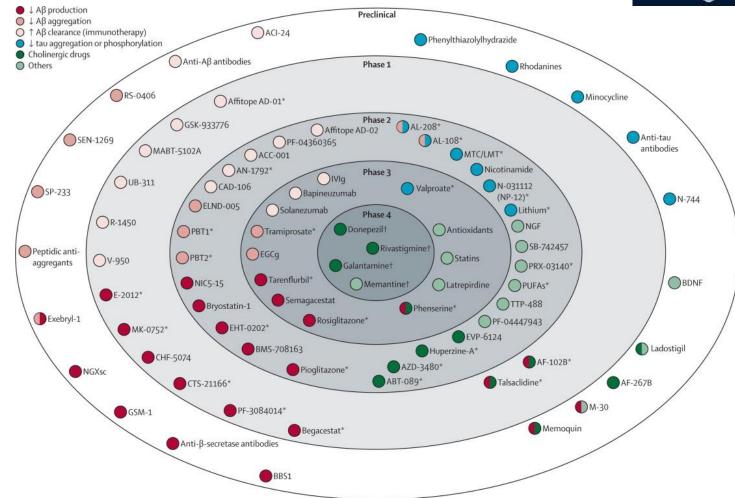






No shortage of therapeutic possibilities



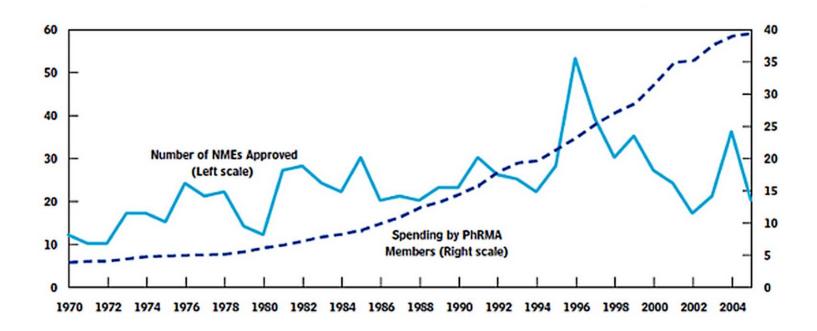




But the trials are failing!







But worse for dementia



- Pathways less defined
- Brain less accessible
- Outcomes more uncertain
- Clinical trials more difficult

Prodromal disease – challenge and opportunity

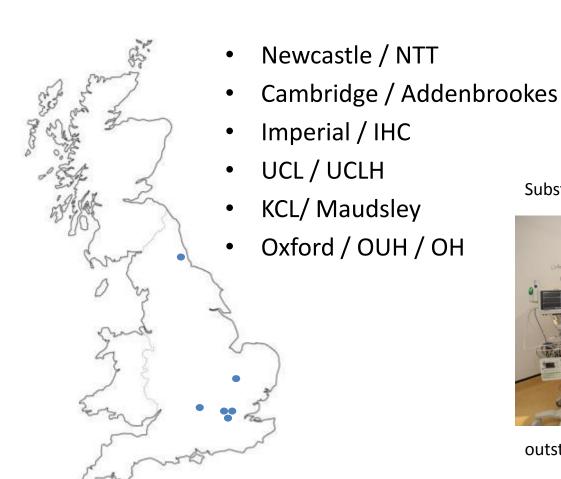
The solution/opportunity



- Diversify target development
- Develop therapeutics with PoC in models and man
- Rapid trials with early read-outs
- Trials in prodromal or preclinical disease

NIHR Translational Research Collaboration in Dementia





Substantial core funding



outstanding experimental medicine facilities

TRC-D; aims and ambitions



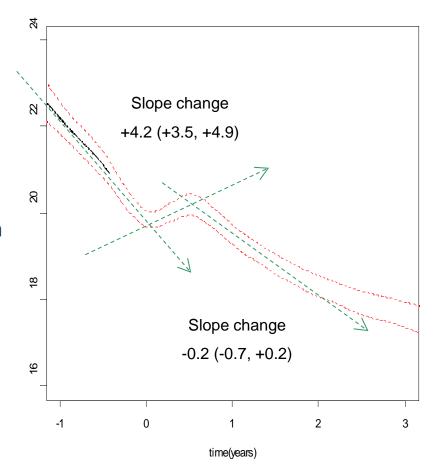
- A collaboration between BRCs and BRU-Ds
- Working with industry
 - Single point of contact and contract negotiation
- Harmonisation and avoiding duplication
 - Subgroups in MRI, PET and iPSCs
 - Use of EMRs in mental health and dementia
- New projects
 - Shared informatics imaging (Oxford; Mackay)
 - PD dementia biomarkers (Oxford; Lovestone)
 - UK Dementia Platform and experimental medicine (Cardiff; Gallacher)
 - Deep and frequent phenotyping in Alzheimer's disease (Oxford; Lovestone)

EMR re-use for research

(Cholinesterase inhibitors and Alzheimer's disease)



- Phase IV of ACHel
 - > 2500 patient years of therapy
 - > 8 fold dataset compared to Cochrane
- Costs and effectiveness
 precompetitive collaboration with pharma
 Text mining derivation of service utilisation and costs
- Predictors of response
 Biomarkers and clinical



D-CRIS and then UK-CRIS





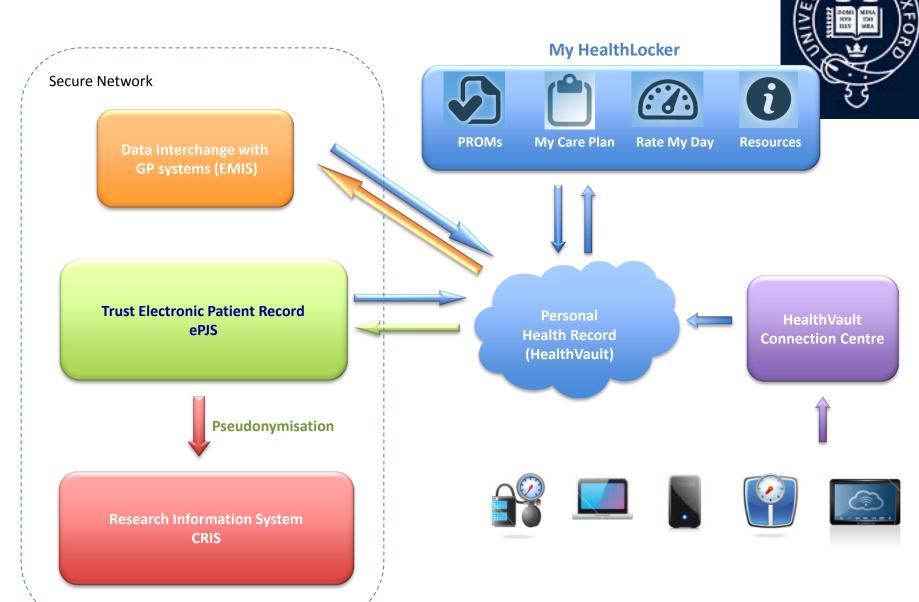
D-CRIS

- Cambridge & Peterborough, Oxford Health, West London, Camden and Islington
- NIHR funding; completion 04/2014
- 1 million plus patients
- SWAT team 2014-15

UK-CRIS

- 10 site extension
- Proposal in UKDP Capital bid

eMPOWERMENT Connected Health Model



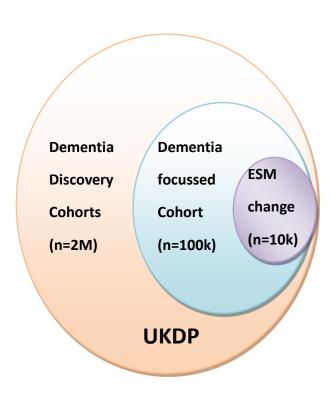
UK Dementia Platform

- Epidemiologic platform: 21 cohorts (n=2M)
 - Familial, 'case-rich' and prodromal populations
- Informatics platform
 - Single portal for access to all cohorts
- Experimental platform
 - UK Biobank imaging cohort (n=100,000):
 - 3T Brain (1.5T chest) MRI, Dxa, 3D carotid Ultra-sound
 - Concurrent imaging, cognitive testing, bio-sampling
 - 10,000 repeat assessment after two years
 - Lead in data for early susceptibility markers
 - Consent for consent for a range of studies



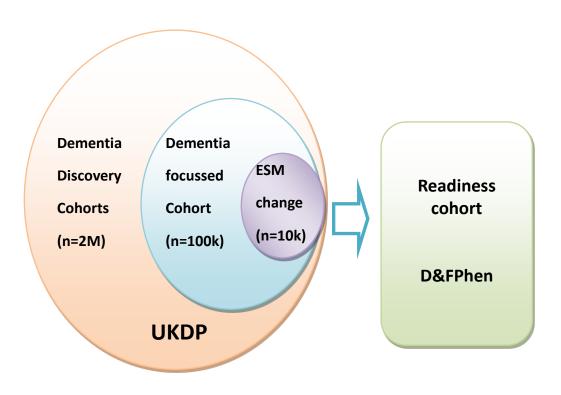
Moving from risk through biomarkers to experimental medicine





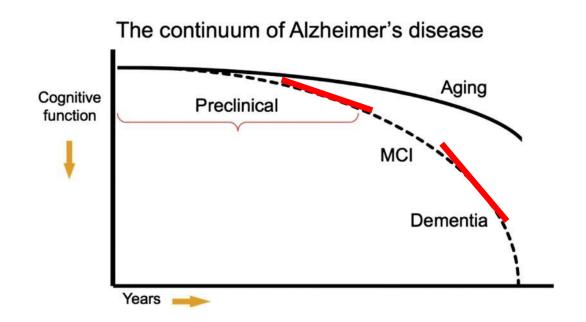
Moving from risk through biomarkers to experimental medicine





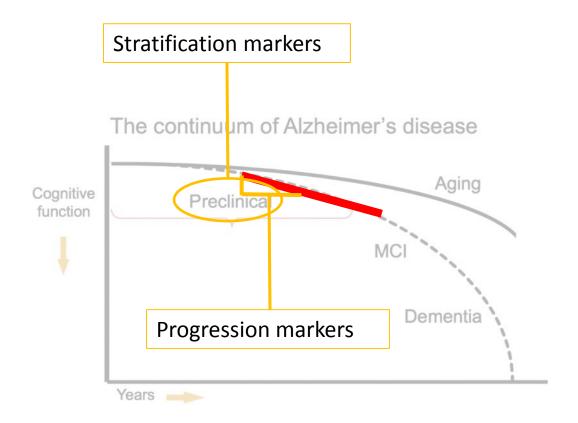
















Deep phenotyping

• PET Aeta and tau tracers

CSF repeated measures

MRI serial imaging with noise reduction strateg

Electrophysiology EEG and MEG

Peripheral markers noise reduction, change measurement

Cognitive markers computerised batteries, web testing integration

novel markers retinal imaging, quantitative gait measures

Frequent phenotyping

Test the limits of acceptability monthly, bi-monthly?

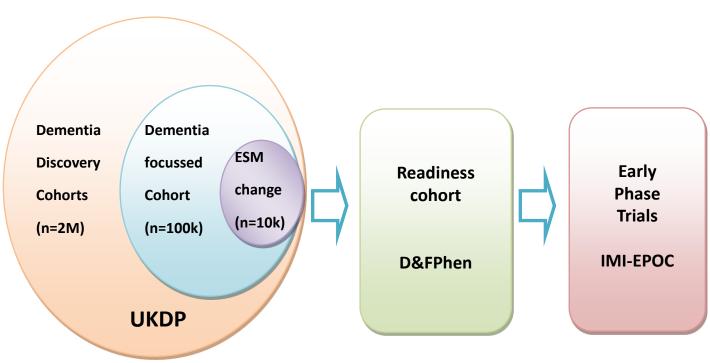
Aims and objectives



- 1) determine participant acceptability
 - very extensive (deep) and repeated (frequent) phenotyping
- 2) establish the operational practicability
 - Including standardization of acquisition, quality control (QC) and analysis
- 3) prepare for a full trial
 - utilising the NIHR TRC-D infrastructure
 - establishing protocols
 - set-up processes including ethics and approvals
 - data management and trials governance.

Moving from risk through biomarkers to experimental medicine





European Proof of Concept for prevention IMI-EPOC



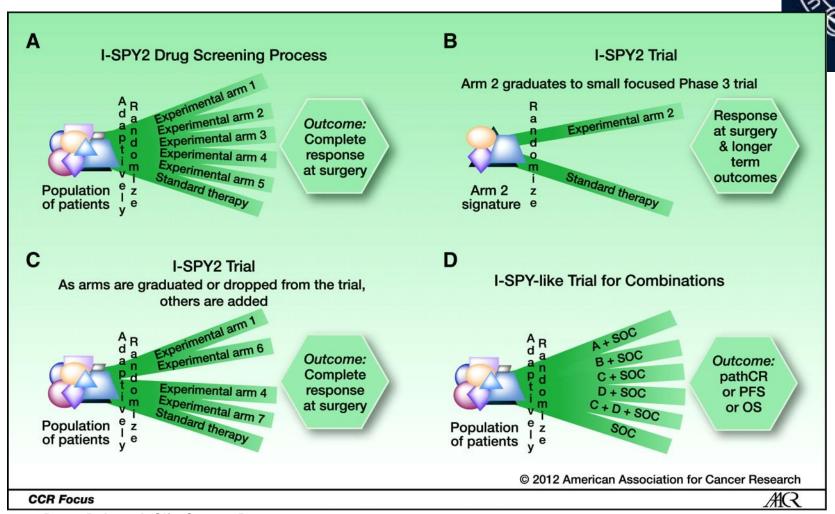


European Proof of Concept for prevention IMI-EPOC

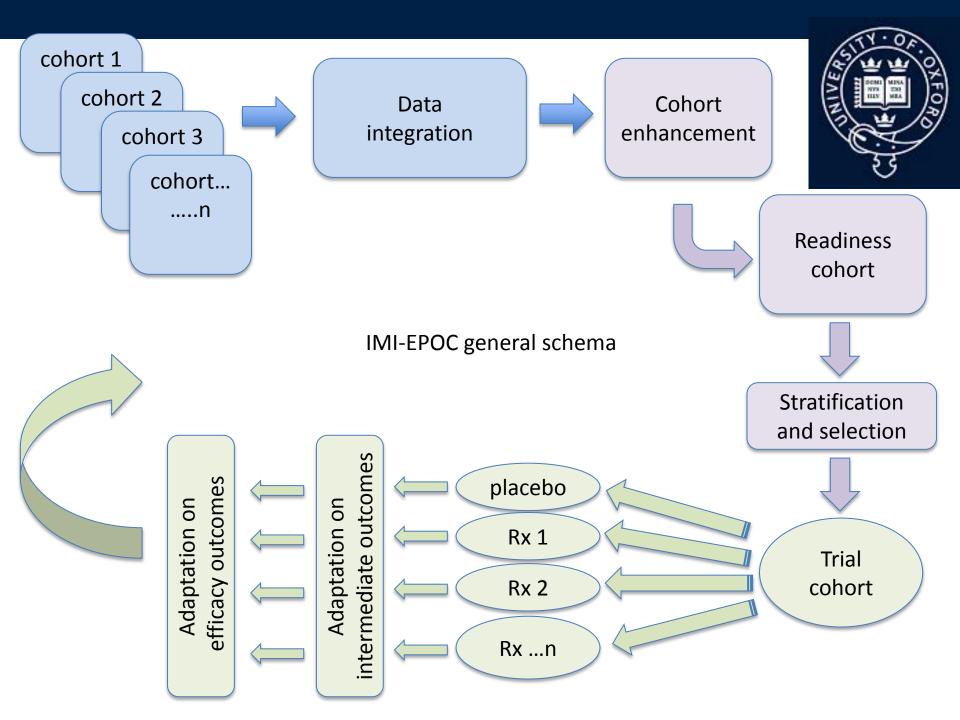


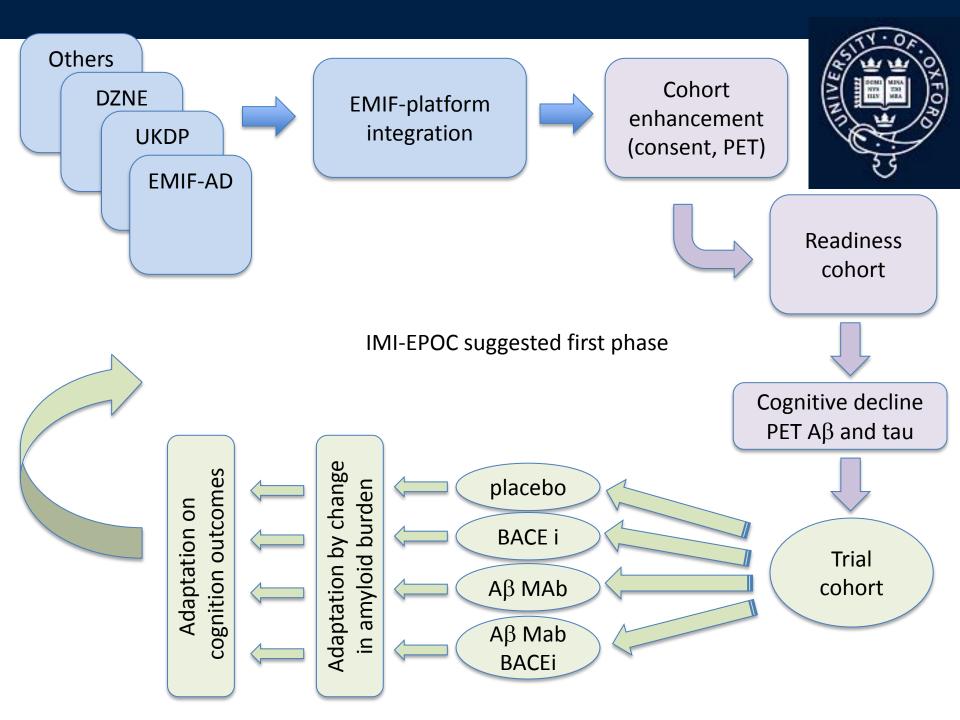
- 11th call of Innovative Medicines Initiative
- €60m Public Private Partnership
- EFPIA members led by J&J
- Academic consortium being established
 - Leads Ritchie(Imperial) and Lovestone (Oxford)
 - UK partners based around TRC-D and UKDP
 - European partners from France, Spain, Sweden, Finland,
 Germany, Holland.....
 - Non-EFPIA industry partners
 - Advisors include Esserman and Berry

I-SPY 2 schema.



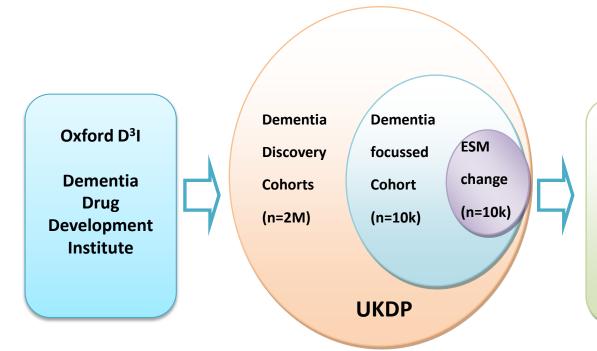
Berry D A et al. Clin Cancer Res 2012;18:638-644





The opportunity for Oxford





Readiness cohort

D&FPhen

Early Phase Trials

IMI-EPOC

Target development & PoC/PoM

EMRs, PHRs and Big Data Biomarkers and Imaging

Experimental medicine for cognitive health

Its about preventing dementia

