

How BARDA Incentivizes Antibacterial Development from Early Development through Marketing Approval

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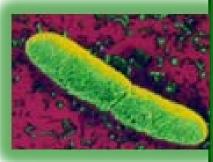
Enhancing the Clinical Trial Enterprise for Antibacterial Drug Development in the US November 18-19, 2019

Antibacterials Program





GOAL: Reduce the morbidity and mortality caused by antimicrobial resistant (AMR) bacterial infections following a mass casualty event or a disease outbreak

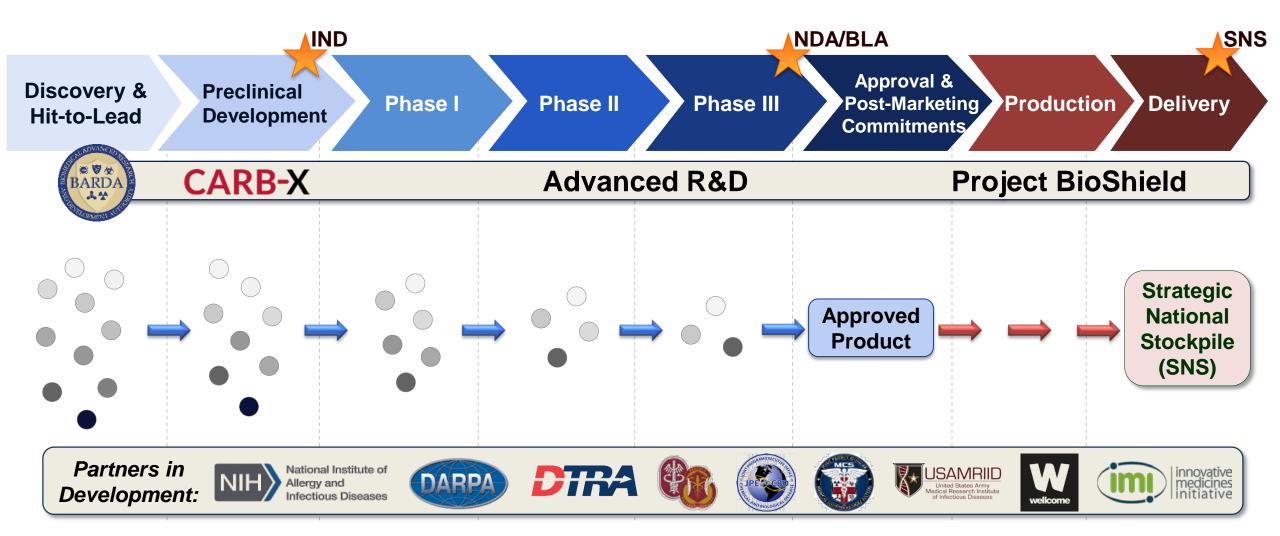


STRATEGY: Invest in new types of antimicrobials

- Novel mechanisms of action
- Non-traditional antimicrobials
- Host-directed therapeutics
- Small molecules
- Vaccines
- Diagnostics



BARDA's Antibiotic Innovation Partners





CARB-X

as of 6/30/2019

of companies indicated not receiving prior USG funding

BASEL REAL SINDS

FINANCIAL SERVICE

LINES

\$933M

Private Investment since CARB-X Award

\$74.8M

Follow-on government funding (US and other countries)

7Countries

\$180M (2016-2019)

BARDA Investment

50 Projects

38 drugs

6 diagnostics

3

microbiome vaccine

ASPR

Antibacterials Advanced Research and Development (ARD) Program Partners

















A Member of the Roche Group











Recent Approvals to Address Unmet Medical Needs







- Approvals over the last 2 years have been a culmination of 9 years of dedication to the AMR enterprise
- Emphasis on getting drugs to market following established pathways
 - Complicated Urinary Tract Infections & Acute Pyelonephritis
 - Complicated Intra-abdominal Infections
- Operational goal has been to make antibiotics commercially available in pharmacies and hospital formularies while generating biothreat data for Emergency Use Authorization



Achaogen files for bankruptcy protection, seeks asset sale

"BARDA simply cannot continue to provide non-dilutive investment, only to have companies collapse and their newly minted antibiotics shelved or lost completely"

- Rick Bright, BARDA Director

EDITOR'S PICK | 3,775 views | May 10, 2019, 11:41am

Forbes

Building New Models To Support The Ailing Antibiotics Market



The Lab Bench Contributor ①

Science

Perspectives from the cutting edge of science

GUEST POST WRITTEN BY

Dr. Rick Bright

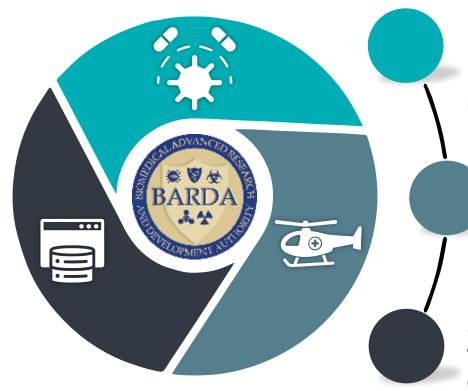
Rick Bright is director of BARDA, a component of the Office of the Assistant Secretary for Preparedness and Response at the U.S. Department of Health and Human Services





Project BioShield: A First for Antibacterials





Biothreat agents may be resistant to antibiotics already in Strategic National Stockpile (SNS)

Emerging antibiotic resistance may complicate a response to any public health emergency

Adding to SNS novel antibiotics that overcome resistance enhances national security, serves as additional market

Clinical Trial Partnership

Global Network to Conduct the Most Challenging Antibiotic Clinical Studies

PROBLEM

- Antibiotics are being approved for easier-to-get indications (e.g. cUTI, cIAI) with little product differentiation
- Priority indications (e.g., pneumonia, bloodstream infections) are challenging to pursue
- Result:
 - Investors focus on low risk, low cost, fast-to-market
 - Clinicians don't know how these drugs will perform at alternative body sites

SOLUTION

- Reduce barriers (cost, risk, time)
 of clinical trials for critically
 needed indications
- Establish a global clinical trial capability committed to the AMR space
- How will this be done?
 - Cost: provide funding
 - Speed: targeted enrollment for limited populations with specialized investigators
 - Reduced Risk: provide technical support, focus on high resistance rate areas

APPROACH

- Successful Models: Define partnership model incorporating learnings from experiences such as TB Alliance, ACTG, Mycosis Study Group, CARB-X, Oncology, and others
- Core Partners: NIAID/NIH, FDA, BARDA, Industry
- Potential Partners: Wellcome Trust, DOD, UK Government, B&M Gates Foundation, others
- Goal: Enable 4-6 label expansions



Advantages of a Clinical Trial Partnership

Conventional Approach	Clinical Trial Network Approach
Pivotal studies are complex and expensive	Reduce overall time and costs to completion
Inefficient design: One drug = One trial	Optimize design: Many drugs = one trial
Sponsor-led oversight: Independent decision-making for each trial, infrequent engagement with regulators, each trial protocol is unique	Centralize oversight: Engagement with stakeholders, e.g., FDA and NIAID throughout study planning, execution, and decision-making
Each trial requires new start-up, establish CRO, identify clinical sites, initiate trial activities, and dismantle infrastructure at the end of the trial	Improve start-up: established contracts and data collection systems, established sites with demonstrated patient flow, trained staff reduce risk of trial failure due to conduct issues
Patient accrual challenges, rare infections lead to enrollment challenges, cost increases and time delays	More efficient use of patients and resources, "networks could reduce trial size by up to 43%" KOL











