

Industry Perspectives

Raphaël Rousseau, MD, PhD

Group Medical Director

Global Head and Development Review Committee chair, pediatrics

Pharma Development Oncology, South San Francisco

Genentech Inc, a member of the Roche group



“Over the past 20 years, we have evolved from a view that we must protect children *from* research to a view that we must protect children *through* research”

-Food and Drug Administration Third Annual Patient Network Meeting

Under the Microscope: Pediatric Drug Development

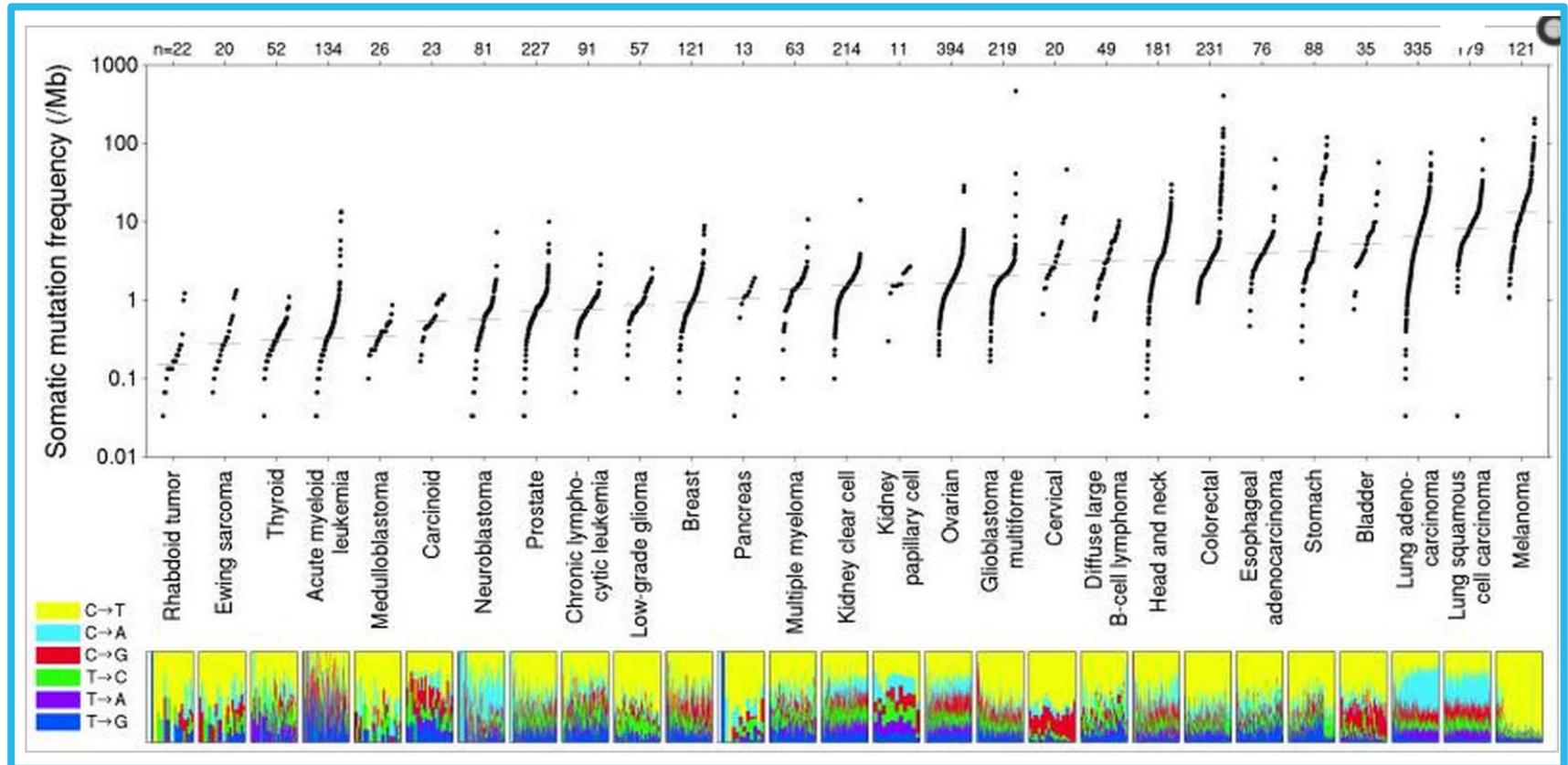
September 10, 2014

Paediatric Cancers are Different



and may respond differently to targeted therapies

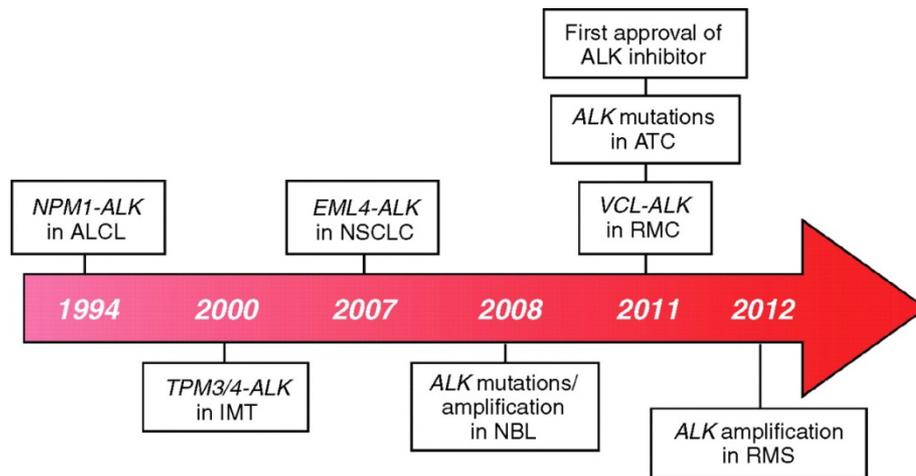
Somatic mutations less frequent in paediatric tumours



Lawrence et al. Nature 499, 214–218 (11 July 2013)

Paediatric Cancers are Different

...but not always



- ALK-driven paediatric tumours
 - Anaplastic large cell lymphoma
 - Some neuroblastomas
- Sarcomas
- Haematologic cancers

ALCL: Anaplastic large cell lymphoma

NSCLC: Non-small cell lung cancer

ATC: Anaplastic thyroid cancer

RMC: Renal medullary carcinoma

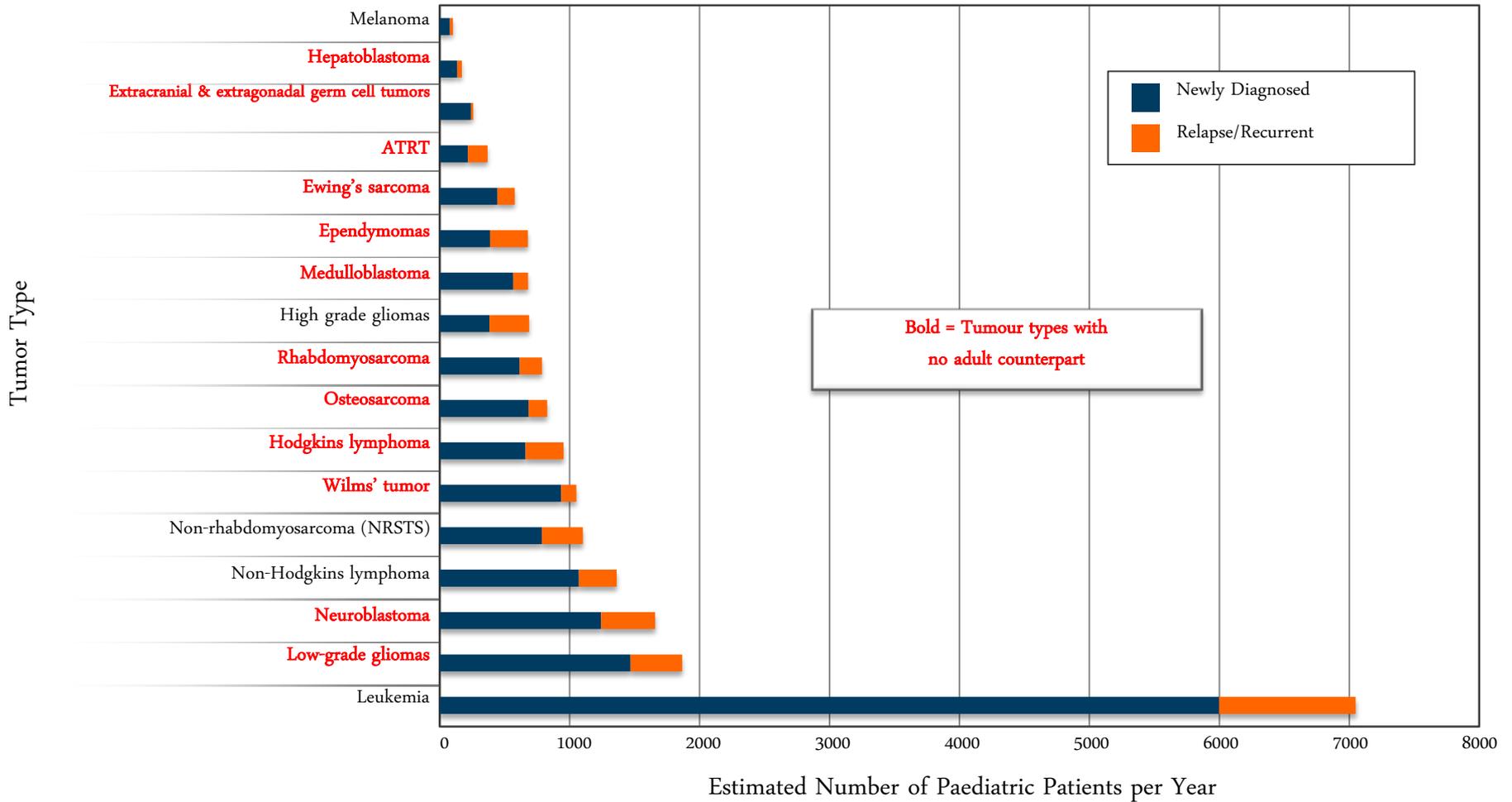
IMT: Inflammatory myofibroblastic tumor

NBL: Neuroblastoma

RMS: Rhabdomyosarcoma

Paediatric Cancers are Rare

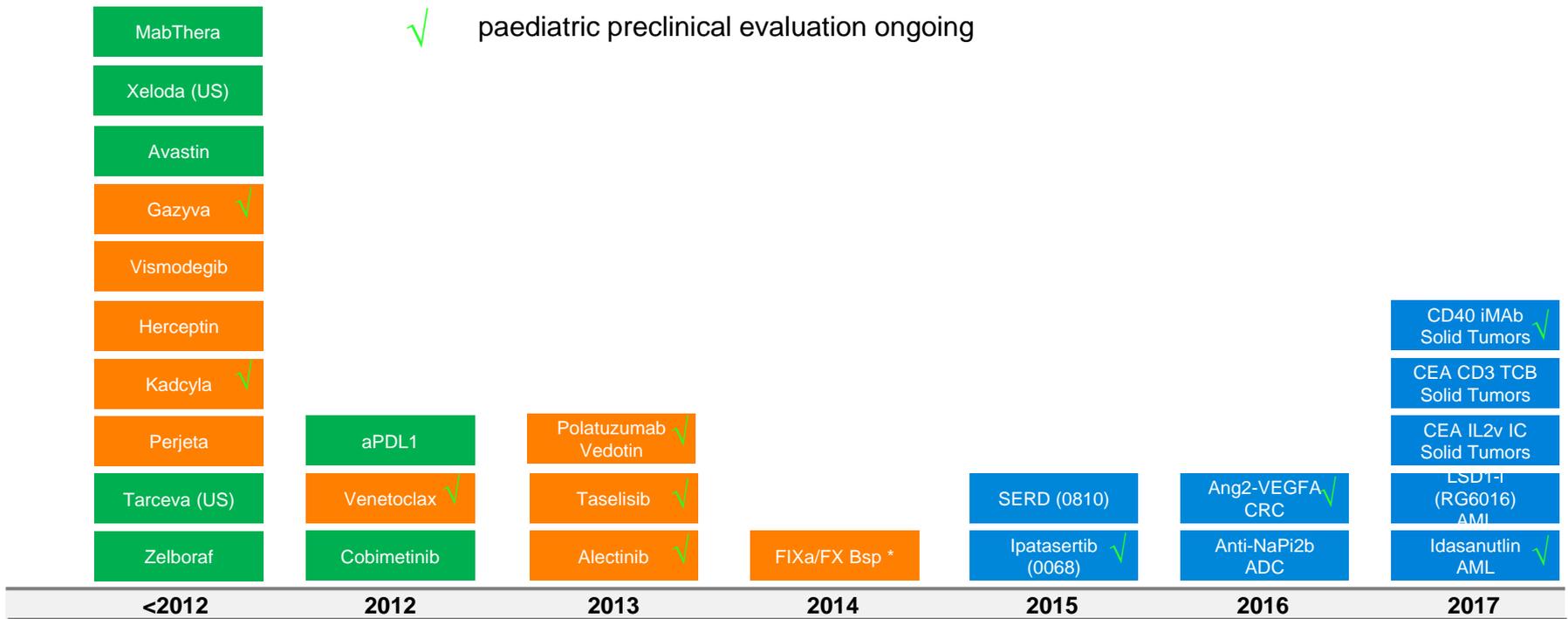
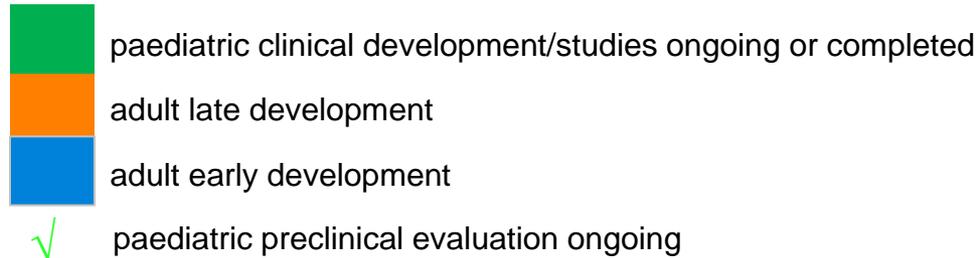
...and distinct entities from those seen in adults



Reference: Incidence rates from International Agency for Research on Cancer's (IARC) Automatic Childhood Cancer Information System (ACCIS) were applied to EU population estimates to obtain patient counts. Note that US SEER 2012 incidence data were used for high and low grade glioma, extracranial germ cell, and translocation renal cell tumors as data were not available from ACCIS. Rate of recurrence is based on literature (see briefing book for references).

How to Develop a Rich Oncology Pipeline?

too many drugs, too few patients (fortunately...)



Estimated Year of Start of Phase 3 in Adults

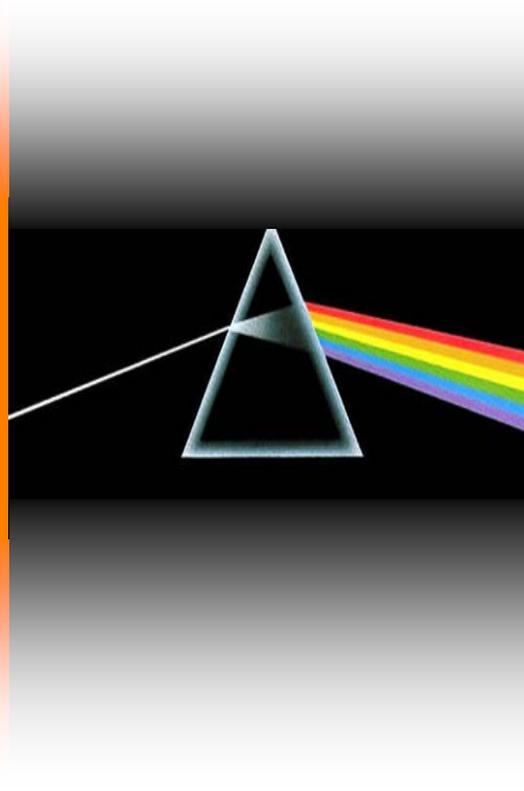
Paradigm shifts are urgently needed in paediatric drug development

Isolated development

Reactive, late

“Stick and carrot”

Molecule-based in disease context



Harmonized across industry

Proactive, early

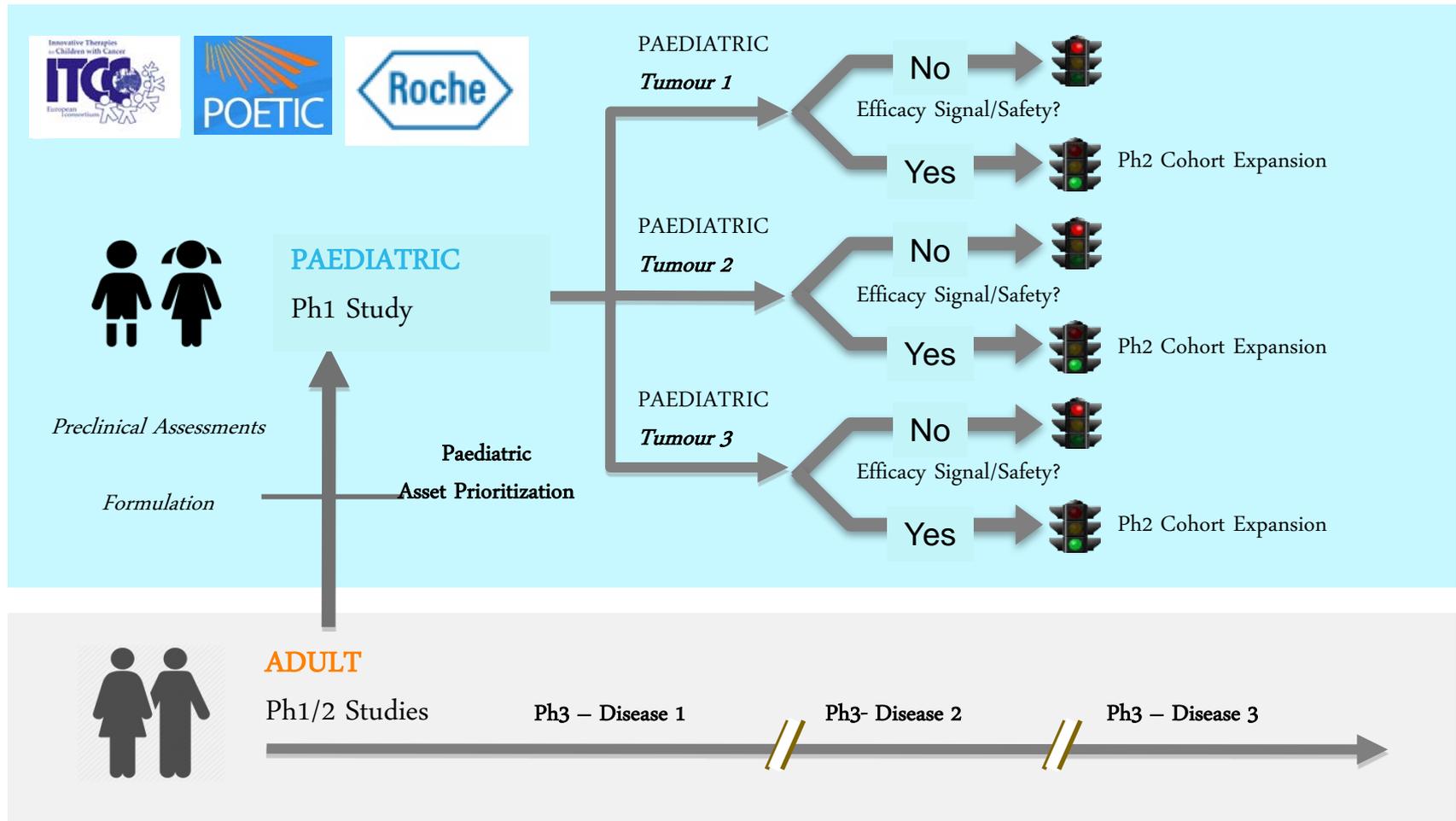
Paediatric-centric

Mechanistic, biomarker-based in disease molecule context

Innovative Paediatric Trial Design: the iMATRIX

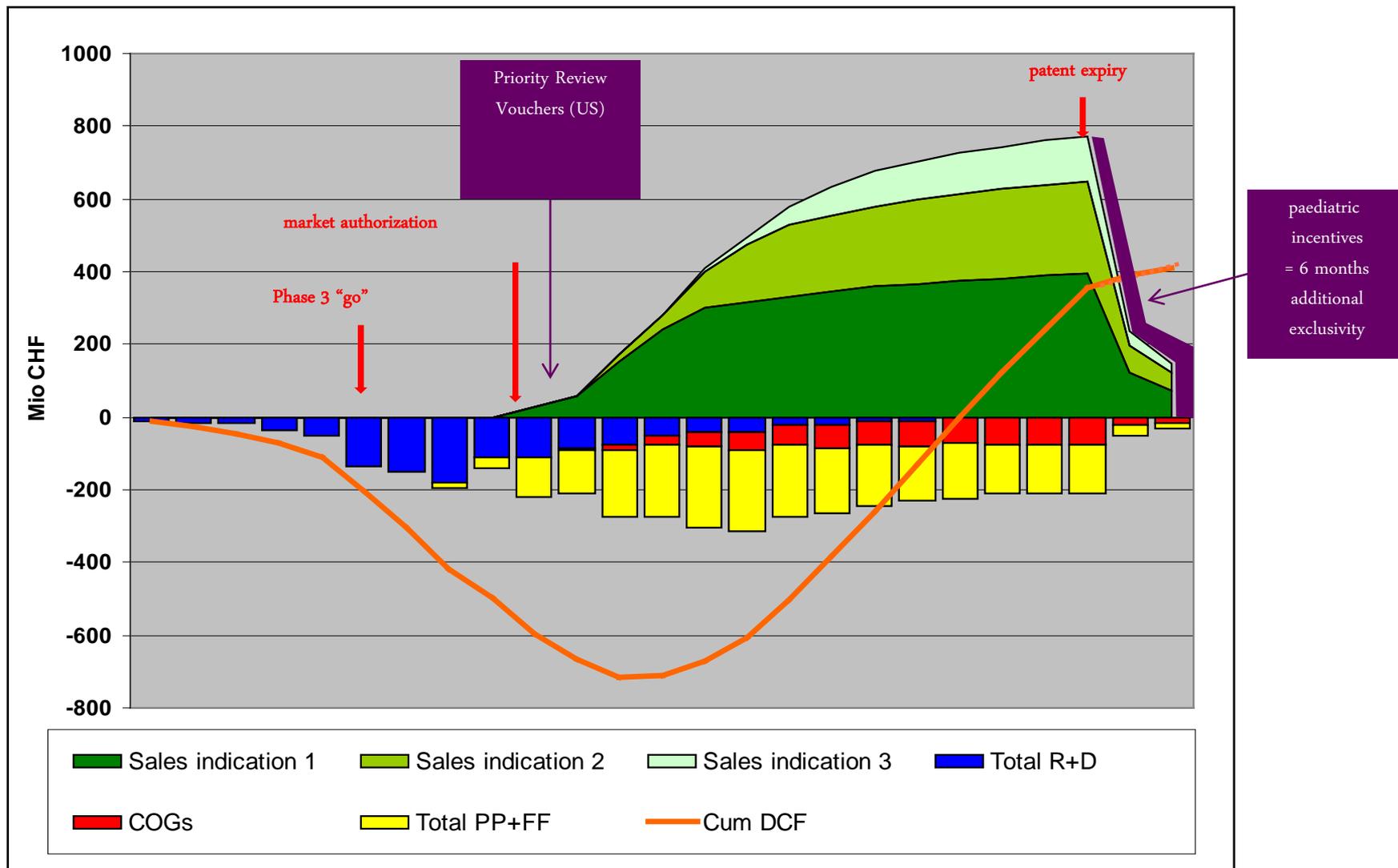


preserve and match rare children to the best available therapies



Incentives come too late in the drug's lifecycle

comprehensive drug assessments in children is costly



Children with Cancer do not have Timely Access to Safe and Efficacious Drugs

- Mechanism of Action-based paediatric drug development
- Paediatric Assets prioritization across industry's portfolio
- Early entry in children through adapted incentives



Doing Now What Patients Need Next



Children