



## **Top Institute Pharma**

### **International Scientific Review Committee**

Report on the third meeting, April 12 and 13, 2007 in Leiden, the Netherlands

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## **Report of the third meeting of the International Scientific Review Committee (ISRC) on April 12 and 13, 2007, in Leiden**

### **Summary**

The ISRC convened for the third time on April 12 and 13 in Leiden to discuss (scientific) progress in setting up TI Pharma. The committee is pleased to see that the first projects are running, and recognizes the difficulties associated with starting up a program of this size. The TI Pharma model makes an excellent example for other countries on how to realize public private collaboration. Although challenges remain, TI Pharma is clearly on track to make a difference, both in the Netherlands as well as on an international scale.

Topics discussed in detail in this third meeting include Neglected Diseases, Monitoring of the program and the Education & Training program.

## **Introduction & agenda**

On Thursday April 12 and Friday April 13 the ISRC convened for the third time with the TI Pharma Management Team and program staff.

Members of the ISRC are:

Prof. dr. E.J. Ruitenbergh (chair, Professor of International Public Health, Free University Amsterdam, ex RIVM and Sanquin)

Prof. dr. A.T. Florence (former Dean of the London School of Pharmacy)

Prof. dr. P. Krosgard Larsen (President of the Carlsberg Foundation and professor at the Danish University of Pharmaceutical Sciences, unable to attend the third meeting)

Dr. R. Laing (WHO Geneva, author of the Priority Medicines report)

Prof. dr. L. Lesko (Food and Drug Administration, USA, unable to attend the third meeting)

Prof. dr. R. Metternich (Merck Research, West-point, Pennsylvania, USA, unable to attend the third meeting)

Prof. dr. T.M. Jones, CBE (ex Wellcome Foundation, ex ABPI)

The meeting, which started on Thursday afternoon and lasted until Friday afternoon, focused on:

- A status update in starting up the TI Pharma Strategic Research Program, including monitoring of the program and work on neglected diseases
- A discussion with Principal Investigators and project managers of three projects
- A presentation and discussion on the TI Pharma Education & Training program
- A presentation of the positioning of TI Pharma, both in the Dutch knowledge infrastructure as well as in the EU Innovative Medicines Initiative (IMI)

Each of these topics is addressed below.

## **Status update**

The progress since the last meeting in October is presented: the TI Pharma office was opened, all partner agreements were signed (except for three partners with only one project) and the first project agreements have been signed. The committee is pleased to see that TI Pharma is making progress in starting up the projects. The project consortia with a more workable size (i.e. smaller) than the usual EU consortia in the framework programs and the inclusion of "Proof of Concept" in a significant number of projects makes the TI Pharma model an excellent example for other countries. TI Pharma represents a solid combination of high quality projects and capacity building of a new generation of researchers.

## **Neglected diseases**

The neglected diseases event in January has resulted in valuable contacts between different groups. However, lack of direct industrial support for projects on neglected diseases make it unrealistic to address neglected diseases in the current Strategic Research Program with quid pro quo funding from industrial and academic groups. The committee is pleased to hear the other efforts TI Pharma makes in this area: TI Pharma is involved in the preparation of the high level forum of the OECD in June in Noordwijk and discussions have started to address the 'most neglected' diseases (those excluding Malaria, Tuberculosis and HIV/Aids) via a joint initiative with the Dutch top institute Water and the Dutch top institute 'Green genetics', together with the Dutch ministry of Development Cooperation. Overall this initiative aims to use Dutch research

efforts and experience in developing countries.

The approach taken here is to first assess the needs for the different 'most neglected' diseases (e.g., are new formulations needed, do new medicines have to be developed, do libraries have to be made available, etc). Then these needs can be addressed by linking them to the groups which have the expertise. The exact format has to be discussed, as it is unlikely that these 'most neglected' diseases can be addressed in a project in which academia and industry participate in a 1 to 1 ratio.

### **Monitoring**

TI Pharma will monitor the results of her total program as well as monitor progress of individual projects. The assessment of input and output at the program level includes different parameters: on the input side there are partners (number, university/industrial, size, country, etc), contributions (FTE's, funding, background IP) and EU partnerships. On the output side there are publications (number, impact factor, type), patents, spin-offs and industrial value (investments to further develop TI Pharma generated IP as well as savings due to new technology), people (number of PhD's and post-docs, their output) and relevance for society (longevity of consortia, publicity, image of pharmaceutical industry).

The publications should distinguish between scientific publications and popular articles for a broader audience. The latter type of publications should be encouraged by TI Pharma in its publication strategy.

Different other programs, for example Naccap, are examining how to measure the 'softer' output factors. The committee encourages TI Pharma to follow these efforts.

The progress monitoring of individual projects consists of a semi-annual milestone report on a project level and three-monthly one-line progress reports for every individual researcher. The latter 'reports' are primarily meant to inform other project members and can also be seen as a 'team update'. The monitoring is facilitated by the IT platform and looks promising in its user friendliness. Usage of the platform is on the agenda and should stay on the agenda (see also below).

### **Discussion with PI's and project managers**

Three projects were presented by the Principal Investigators and project managers and discussed in detail:

D1-105: The GPCR forum: Novel concepts and tools for established targets

D4-102: The CSF proteome / metabolome as primary biomarker compartment for CNS disorders

T1-106: Glucocorticoid-induced insulin-resistance

The ISRC concludes, also in line with the projects discussed at the previous meeting that the projects are run by high quality investigators and project managers. The online project management tool in the IT platform is very useful and all projects should use it. A dedicated project manager on the larger projects is a desired format. Coaching of project managers and PI's (who manage a project themselves) is, for some, essential and it is good to see that this is being dealt with by the program managers together with the HR staff officer.

### **Education & Training program**

The TI Pharma Education & Training program is making good progress. The (preliminary) inventory is online via [www.tipharma.com](http://www.tipharma.com) and will be completed. The drug discovery and drug development simulations are being detailed and the drug development simulation will run for the first time in fall 2007. These simulations provide a good selling point to attract top post-doc candidates. The business & entrepreneurial

skills course is also being detailed and will run for the first time in October. Both the simulations and the course provide a good opportunity for network formations and can serve as a starting point to bring these groups of researchers together periodically in an informal setting such that they can learn from each others experiences. Members of the ISRC discussed possible approaches to strengthening the Education and Training program.

The TI Pharma Education & Training program and the experience obtained in establishing the program should be used in setting up the IMI Education & Training program. It is clear and good to see that TI Pharma has the ambition to play a crucial role on the European level. This is highly supported by the committee.

### **Positioning in Dutch knowledge infrastructure**

In the report of the October meeting the committee expressed her interest in hearing more about the Dutch efforts 'to make a difference in health related life sciences'. In the present meeting the overall Build – Bundle – Benefit strategy of the Netherlands was presented. In the Bundle pillar innovations in Diagnosis, Drugs and Devices are anticipated through (close collaboration with) CTMM, TI Pharma and BMM.

### **EU Innovative Medicines Initiative**

As mentioned above, the TI Pharma model may be considered a 'role model', an excellent example for other countries. Within the EU framework programs, including IMI, the position of public-private partnerships should be established. At present the PPP position is not clear in IMI, since PPPs are neither industries nor academia, but both. TI Pharma's experience in setting up collaborations should be used in the IMI and the possibility should be opened for a PPP to actively participate in the IMI. The TI Pharma ambitions with respect to Education and Training have been discussed above.

In conclusion, the committee is pleased to see that the first projects are running, and recognizes the difficulties associated with starting up a program of this size. Although challenges remain, TI Pharma is clearly on track to make a difference, both in the Netherlands as well as on an international scale.