

Presidential Council of Advisors on Science & Technology: Precision Medicine Initiative

The Regeneron-Geisinger Collaboration as a Model

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Precision Medicine Initiative

The dream is to go from genes to a new way of promoting health

Prognosis:

Using your genome to better predict health risks, earlier and more precisely

Better diagnosis & treatment selection:

Using your genome to better discriminate between related disease states and appropriately deliver more precise treatments – the right treatments for the right patients!

Discover New Targets for Drug Development:

Using your genome find genes that cause or protect against disease, and then develop therapeutics based on these new “genetically-defined” drug targets

Human Genetics to Drugs: CAPS treatment with IL1 blockers was one of first successful examples with biologics*, PCSK9 perhaps the most highlighted

*Excludes replacement therapies for deficiency diseases (e.g. Genzyme, Biomarin, etc)

Disease/Indication	Gene/Target	Drug/Candidate
* → Cryopyrin Associated Periodic Syndromes (CAPS)	CIAS1/ NLRP3	Arcalyst: IL1 Trap (Regeneron) Canakinumab: IL1 Ab (Novartis)
* → Hypercholesterolemia & Cardiovascular Disease	PCSK9	Alirocumab: PCSK9 Ab (Regeneron) Evolocumab: PCSK9 Ab (Amgen)
Diabetes	PPARG	Thiazolidinediones, PPAR γ agonist
Pain	SCN9A (NaV1.7)	In development (Pfizer, Regeneron, Xenon, etc)
Cystic fibrosis	CFTR	Kalydeco (Vertex)
HIV/AIDS	CCR5	Selzentry/maraviroc (Pfizer)
Benign prostatic hyperplasia, male pattern baldness	SRD5A2 (5 α reductase)	Finasteride (Merck)

Anti-PCSK9 Antibodies for lowering LDL-C

From Genetics to Drug: Following up the genetics, Regeneron leads therapeutics race

- ➔ **2003** PCSK9 GOF mutation in a single family associated with profound hypercholesterolemia (Abifadel et al. *Nat. Genet.* 34:154)
- ➔ **2005/6** PCSK9 LOF mutations in human populations associated with low cholesterol & decreased CV risk (J. Cohen & H. Hobbs, UTSW)
- ➔ **2006/7** Mouse modeling confirms causation, provides test system for Abs
- ➔ **2010** Regeneron first to treat human patients with PCSK9 blocking Ab
- ➔ **2012** Regeneron first to publish human data w PCSK9 Ab (Alirocumab) in NEJM
- ➔ **2013** Regeneron reports first Phase 3 data with PCSK9 Ab (ODYSSEY MONO)
- ➔ **2015** Regeneron has earliest potential FDA Approval, July 2015

THE NEW ENGLAND JOURNAL OF MEDICINE

ORIGINAL ARTICLE

Effect of a Monoclonal Antibody to PCSK9 on LDL Cholesterol

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ABSTRACT

BACKGROUND
Protein convertase subtilisin/kexin 9 (PCSK9), one of the serine proteases, binds to low-density lipoprotein (LDL) receptors, leading to their accelerated degradation and to increased LDL cholesterol levels. We report three phase 1 studies of a monoclonal antibody to PCSK9 designated as REGN727/SAR236553 (REGN727).

METHODS
In healthy volunteers, we performed two randomized, single ascending-dose studies of REGN727 administered either intravenously (40 subjects) or subcutaneously (32 subjects), as compared with placebo. These studies were followed by a randomized, placebo-controlled, multiple-dose trial in adults with heterozygous familial hypercholesterolemia who were receiving atorvastatin (21 subjects) and those with nonfamilial hypercholesterolemia who were receiving treatment with atorvastatin (30 subjects) (baseline LDL cholesterol, >100 mg per deciliter [2.6 mmol per liter]) or a modified diet alone (10 subjects) (baseline LDL cholesterol, >130 mg per deciliter [3.4 mmol per liter]). REGN727 doses of 50, 100, or 150 mg were administered subcutaneously on days 1, 29, and 43. The primary outcome for all studies was the occurrence of adverse events. The principal secondary outcome was the effect of REGN727 on the lipid profile.

RESULTS
Among subjects receiving REGN727, there were no discontinuations because of adverse events. REGN727 significantly lowered LDL cholesterol levels. In the multiple-dose study, REGN727 doses of 50, 100, or 150 mg significantly lowered LDL cholesterol levels in the combined atorvastatin-treated group to 77.5 mg per deciliter (2.00 mmol per liter), 61.3 mg per deciliter (1.58 mmol per liter), and 53.8 mg per deciliter (1.39 mmol per liter) from a baseline of 109.2, 103.7, and 101.0 mg per deciliter (2.82, 2.70, and 2.63 mmol per liter), respectively (P<0.001 for all comparisons).

Regeneron-Geisinger Foundational Collaboration to Sequence >250,000 People in the Geisinger Health System

The New York Times

Aiming to Push Genomics Forward in New Study

By ANDREW POLLACK JAN. 13, 2014



*“Scientifically and medically, it’s pretty exciting,” said Dr. Leslie G. Biesecker, chief of the genetic disease research branch at the government’s National Human Genome Research Institute, who is familiar with the project. “As far as I’m aware, it’s the **largest clinical sequencing undertaking in this country so far by a long shot.**” He added that the move of sequencing into general health care **“is going to change medicine.”**”*

- First major collaboration of its kind between a leading biotechnology company and a leading health care provider/payer
- Geisinger: >2.5 million patient health system with “cradle to grave” records; amongst earliest adopters of EHRs, and leaders in clinical informatics
- Goals:
 - First, build the world’s most comprehensive genotype-phenotype resource combining de-identified genomic and clinical data from >250,000 people to aid drug development and genomic medicine
 - Then, turn the genomic data into medically actionable information by translating genetic discoveries into improved patient outcomes and therapeutics

Regeneron's Innovative Technologies & Automation Enable Ultra High-Throughput Sequencing & Analysis

Automated Biobank
(1.4M Samples)



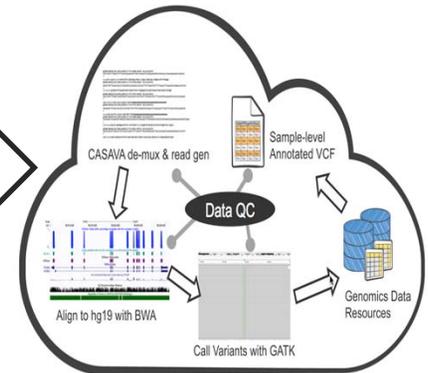
Library Prep Automation
(>200,000 Samples/Yr)



Illumina Fleet
(>80,000 Exomes/Yr)



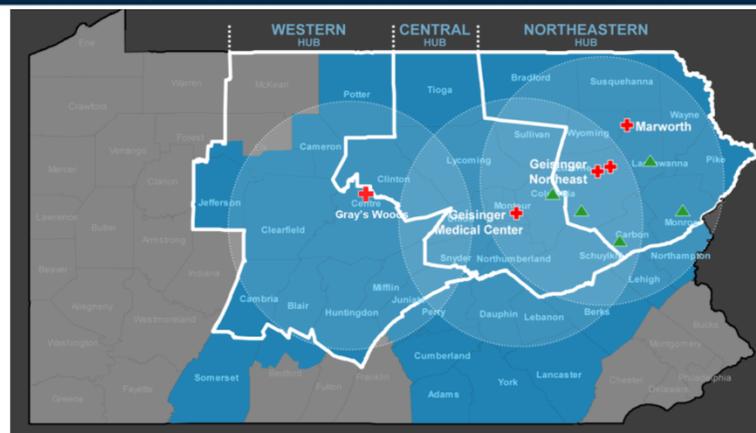
Cloud Based Informatics
& Analysis



■ Key Technologies and Capabilities

- Automated biobank with 1.4M+ sample capacities
- Custom fully-automated exome and targeted sequencing sample preparation workflows
- Exome sequencing capabilities of >80,000 individuals per year and targeted sequencing projects (several hundred gene panel) of >100,000 individuals completed in a few months
- First genome center “in the cloud” with fully automated analysis pipelines

Large Population-Based Study with Geisinger: Integrating Genetics and Longitudinal Health Records



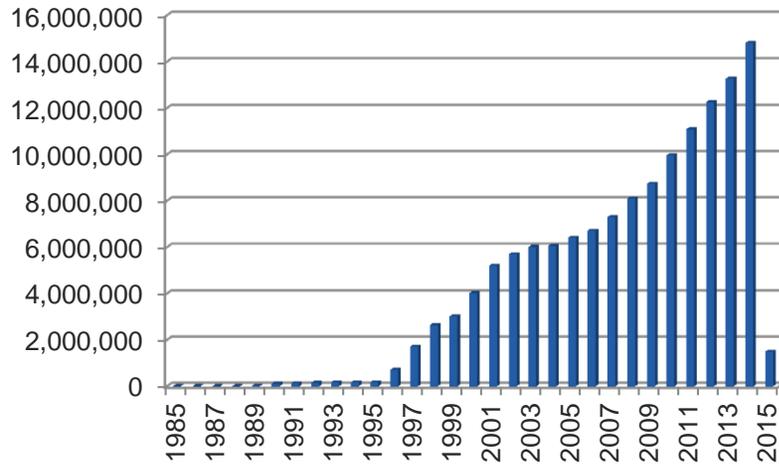
- ▶ Greater than 2.5 million people in Geisinger's catchment area
- ▶ ~18 outpatient visits and 7 years of longitudinal records per patient on average and >1.6M outpatient visits at Geisinger per year

Engaging Geisinger community as Volunteers & Participants in this effort:

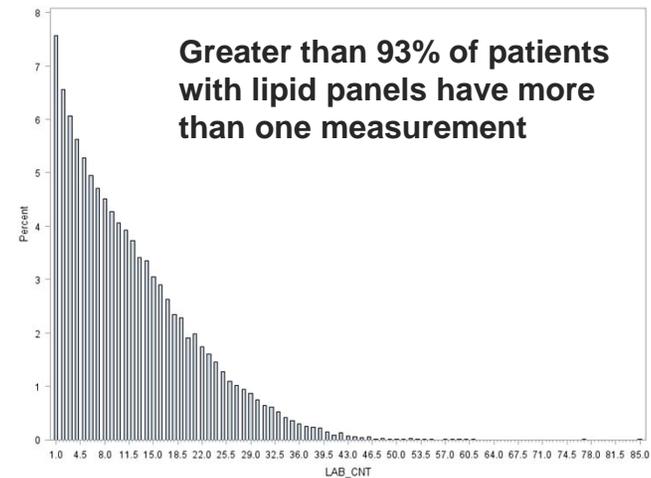
- ▶ >80,000 consented to date (>90% consent rate, broad consent for research & data sharing) → already >50,000 samples collected for genomic analysis → **40,000 already sequenced**
- ▶ Breakdown of consented population includes large unselected populations as well as targeted efforts in diseases of interest and deeply phenotyped patients
 - Cardiac catheterization lab (~8,000)
 - Bariatric surgery (~4,000) → one of the largest in the world
- ▶ **Key differentiator:** Geisinger is the world's largest longitudinal "live" population in which iterative call back phenotyping and sample collection are operationalized

In-Depth, Longitudinal Health Records Provide a Rich Resource for Genetic Discoveries

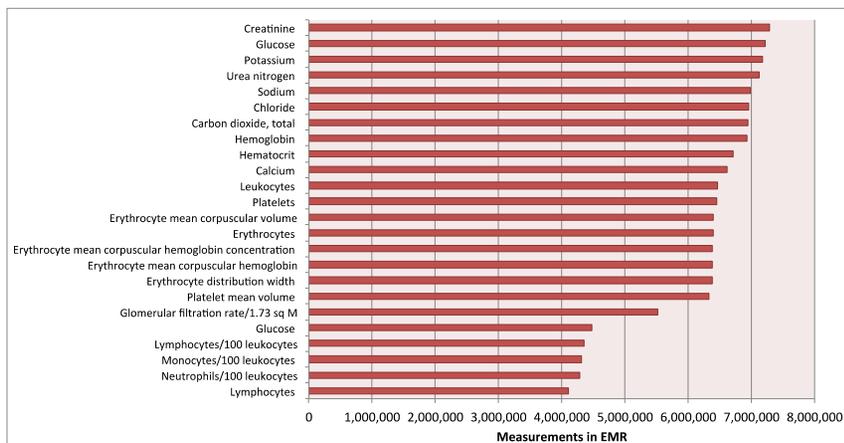
GHS Clinical Encounters by Year



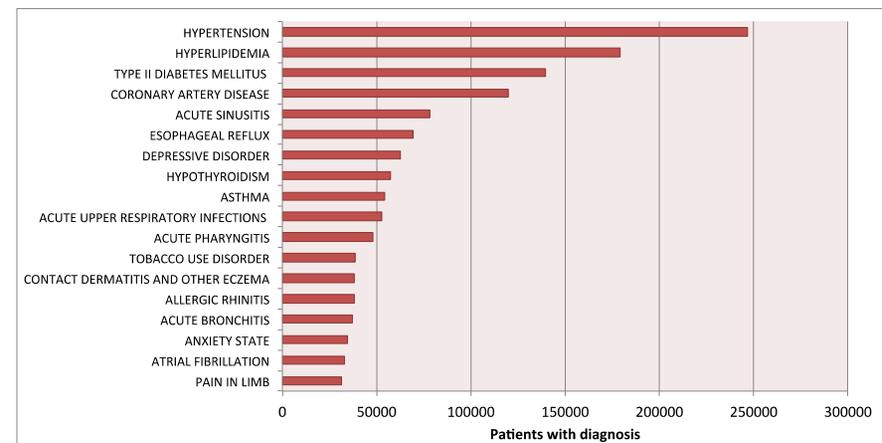
Repeat Fasting Lipid Panels in GHS EHR



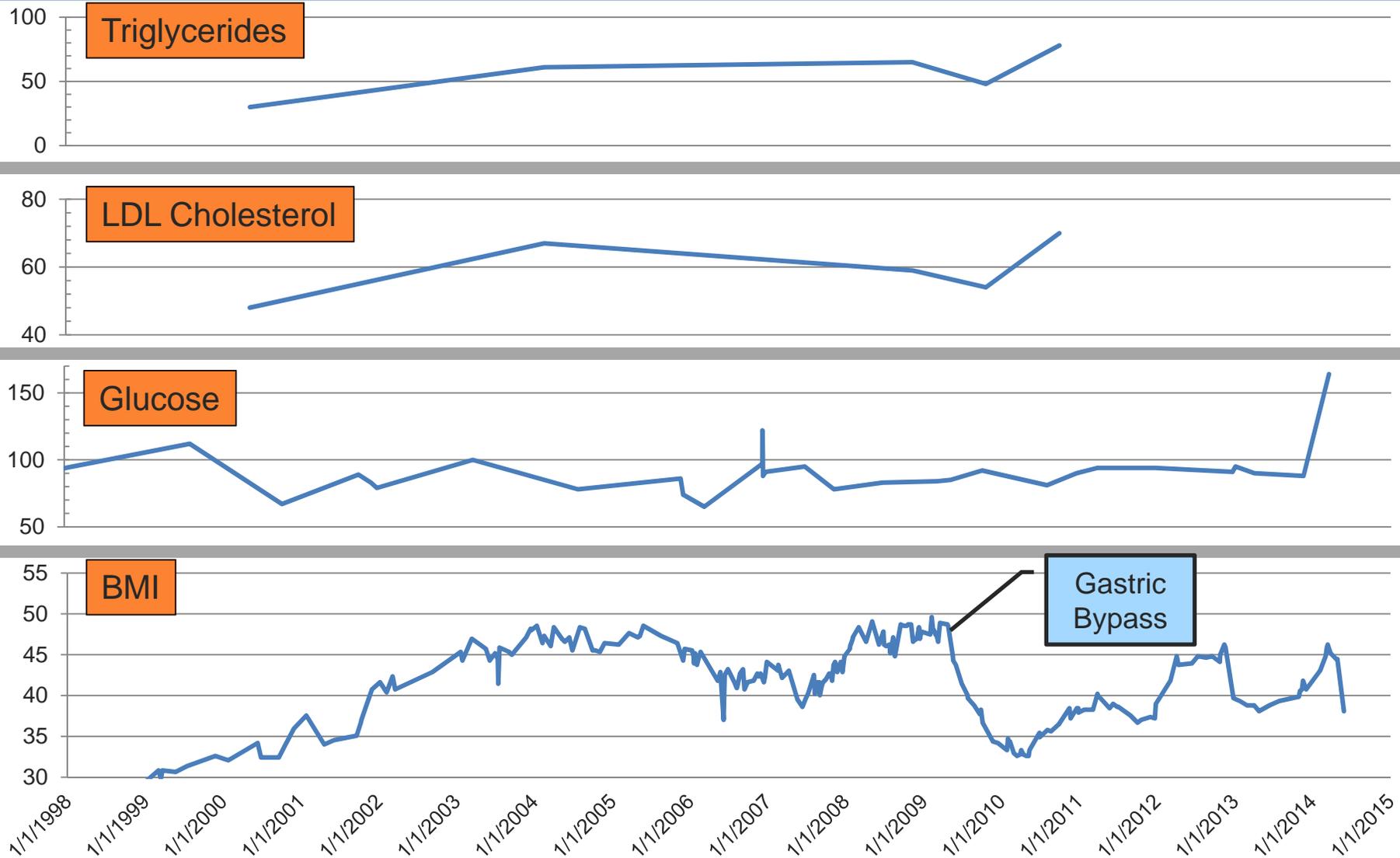
Most Prevalent Labs in GHS EHR



Most Prevalent Office Visit Dx in GHS EHR



In Depth Review of De-identified Longitudinal Health Records



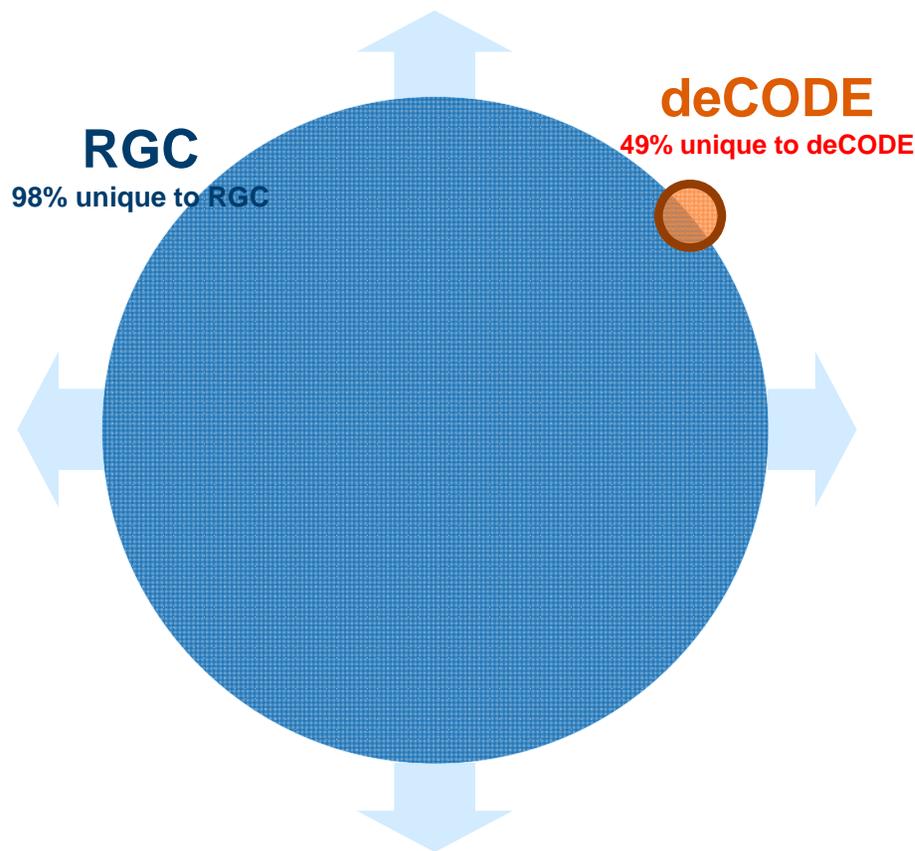
deCODE Genetics has pioneered the field in this area

LOF's of great interest (Human "Knockouts"): comparing deCODE's LOFs to those in interim analysis of the first 31,000 individuals from Regeneron-Geisinger Collaboration (RGC)

- RGC has identified >25x more predicted LOF variants (in first 31,000 individuals) than deCODE reported (from 2,636 Icelanders)
 - RGC has identified ~51% of unique LOFs observed by deCODE
 - deCODE has identified only 2% of unique LOFs that were observed by RGC
- In first 31,000 individuals, RGC finds ~90% of genes are affected by at least one LOF
 - deCODE finds only ~26% of genes affected
- RGC finds at least one homozygous LOF carrier for 2,610 genes vs 1,171 for deCODE
- Signal to noise
 - RGC: 188,614 unique LOFs out of ~6.1M exonic variants from WES of 31,508 individuals
 - deCODE: 7,399 unique LOFs and ~470K exonic variants out of ~20M WGS variants in 2,636 people

RGC-GHS Have Identified ~25x More LOFs Than Recently Reported by deCODE Genetics

Number of Unique LOF Variants (drawn to scale)

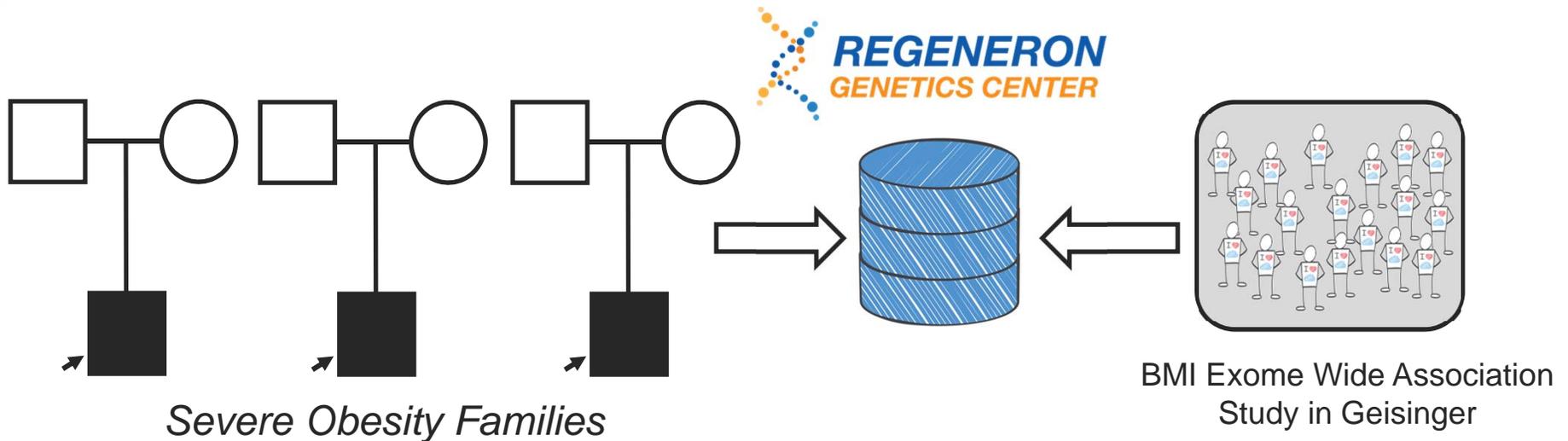


		RGC	deCODE
# unique LOFs in exome	Total	188,614	7,399
	RGC only	184,829	-
	deCODE only	-	3,614
	RGC & deCODE	3,785	
Potential		Growing	Saturated

RGC Interim analysis of >31,000 Individuals Nominates Multiple New Lipid Genes and Functional Variants

Trait	Single marker at $P < 5 \times 10^{-8}$	LOF only at $P < 1 \times 10^{-7}$	LOF+rare NS at $P < 1 \times 10^{-7}$	LOF+strict deleterious NS at $P < 1 \times 10^{-7}$	LOF+rare deleterious NS at $P < 1 \times 10^{-7}$
HDL-c	CETP, APOC3, APOC2, LPL, CD300LG, APOA4, LIPG, LIPC, ANGPTL4, BUD13, APOB, HNF4A, FADS1/FADS2, APOC2, ABCA1, LCAT, <i>8 novel</i>	APOC3, ABCA1	APOC3, <i>3 novel</i>	APOC3, <i>2 novel</i>	APOC3, CETP, <i>4 novel</i>
LDL-c	BCAM/TOMM40/APOE, PCSK9, LDLR, APOB, SORT1/CELSR2, FADS1/FADS2, <i>4 novel</i>	<i>2 novel</i>	LDLR	LDLR, APOE	LDLR
Triglycerides	GCKR, APOA5/APOA4/APOC3, LPL, FADS1, MLXILPL, ANGPTL3/DOCK7, CD300LG, APOB, ANGPTL4, TM6SF2, <i>5 novel</i>	APOC3	APOC3	APOC3, APOE	APOC3

Families to Populations at the RGC: An Illustrative Example in Severe Obesity



Findings from Family Studies

- ▶ Many novel candidate Mendelian disease genes identified through family studies in severe, early-onset obesity

Expanded in Population Studies

- ▶ Genes identified through family studies are queried across the Geisinger population to further our understanding and establish associations with BMI/obesity in the general population
- ▶ Example: Carriers of loss-of-function variants in a novel candidate gene, first identified through family studies in severe obesity, have higher BMI (~3 BMI units, 15-20lbs) in the GHS population

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