

Session 2: Public-private collaboration in the area of clinical research

Britt Elmedal Laursen, Consultant, MD, PhD

Department of Molecular Medicine

Aarhus University Hospital

Institute of Biomedicine

Pharmacology

Aarhus University

My background

- ▶ Physician
- ▶ Specialized in clinical oncology and in clinical pharmacology
- ▶ Head of Precision Oncology Treatment Group in The Department of Molecular Medicine, AUH
- ▶ Have worked for the pharmaceutical industry in an early, preclinical drug development program
- ▶ Have included and treated patients in clinical studies (marketing studies)
- ▶ Teach medical students drug development and the clinical implementation of precision medicine
- ▶ Advisor for a pharmaceutical company
- ▶ Been a member of a RADS /Rådet for Anvendelse af Dyr Sygehusmedicin) working group
- ▶ Been a pre-assessor of applications for KRIS (Koordineringsrådet for Ibrugtagning af Sygehusmedicin)

Possibilities/advantages when working with the industry

- ▶ Financing
- ▶ Important partner when moving basic research into the clinic by way of developing .e.g. devices
- ▶ Early access to new drugs/contribution to drug development

Disadvantages when working with the industry

- ▶ Disqualification rules with regard to working with public institutions (Medicinrådet e.g.)
- ▶ Running clinical trials is administratively very extensive
 - ▶ KFE (Clinical Research Units), GCP (Good Clinical Practice), VEK (Ethical Committee), The National Medicine Board (Lægemiddelstyrelsen).....
- ▶ The scientific value?
 - ▶ Study design (inclusion/exclusion criteria, comparator, end points...)
 - ▶ Access to data (who "owns" data?)
 - ▶ Co-authorship

Main questions (from my point of view)

- ▶ How can we (physicians) work with the industry and still maintain our integrity with respect to working for public institutions?
- ▶ How do we secure the scientific value of a study for the participating physician?