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# What Does “Digital” Mean for Biopharma R&D?

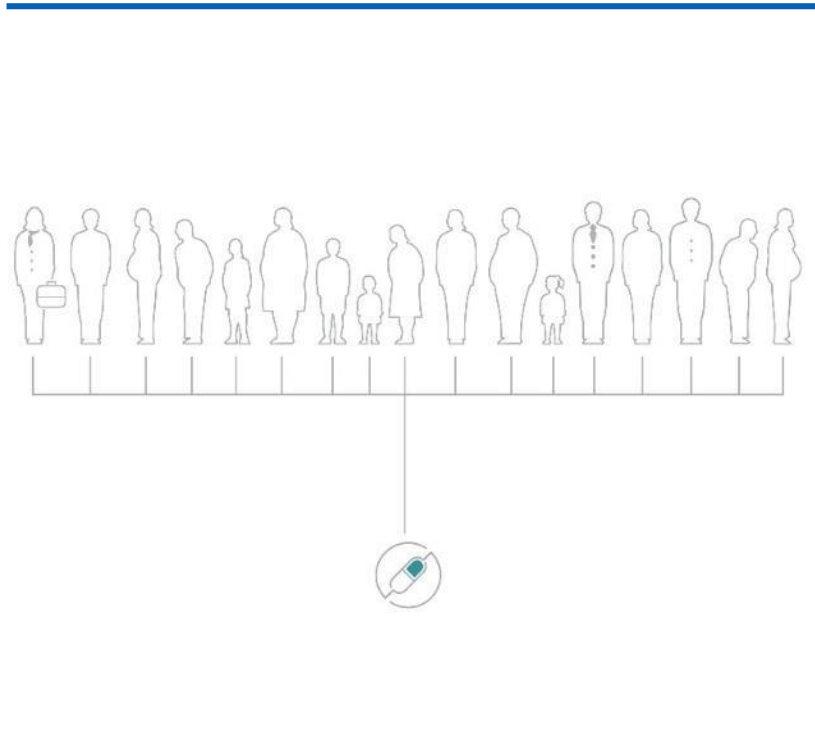
*Improving Drug Discovery and Development - and Our Drugs Portfolio*

*Dr Bryn Roberts, Global Head of Operations & Informatics  
Roche Pharma Research & Early Development*

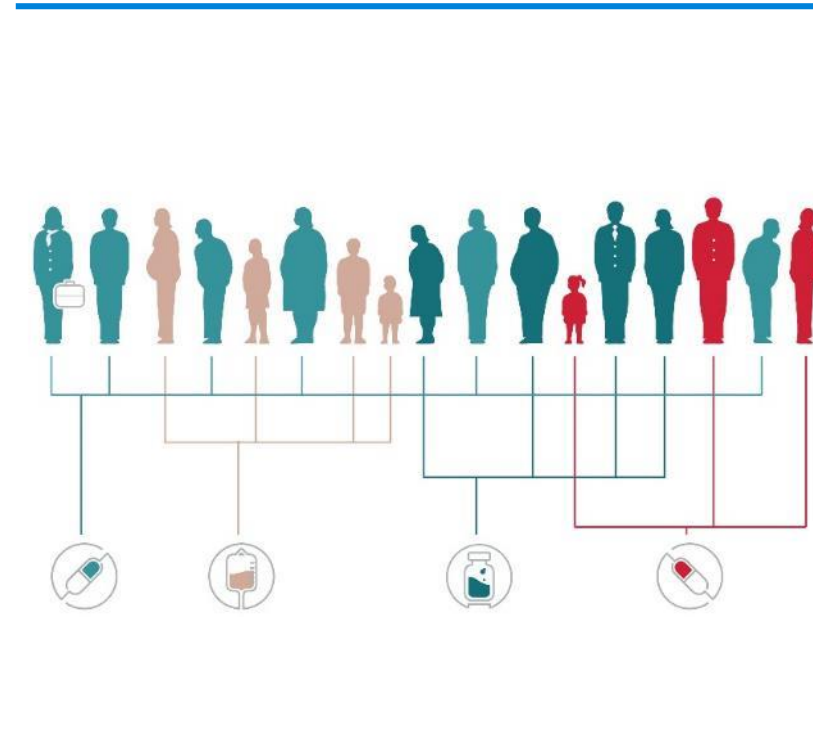
*PRISME Forum Technical Meeting – May 23<sup>rd</sup> 2019*

# Personalised Healthcare (PHC)

## *The application of “Precision Medicine”*



*Medical practice and treatment  
Traditionally*



*Medical practice and treatment  
Today and Tomorrow*

***“Focus on digital innovation to enable pRED to make breakthrough medicines of the future and stay at the forefront of drug discovery”***

# pRED Digital Strategy – enhancing data-driven R&D

*Leveraging transformation in big data, technology & computational paradigms*

## Data



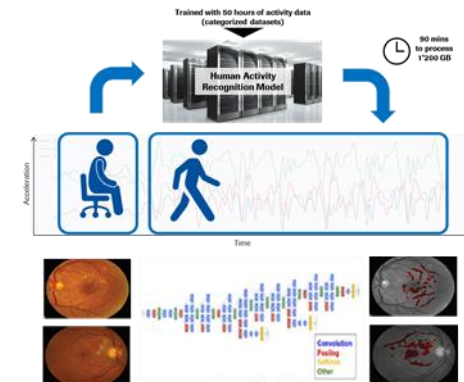
- Scale, variety, complexity
- Real world (RWD), real time
- FAIR-ification

## Technology



- Sensors, wearables, mobile
- Connected app ecosystem
- IOT, blockchain, cloud

## Compute



- High performance compute
- Machine learning (ML)
- Deep learning (DL)

# Digital priority areas for pRED

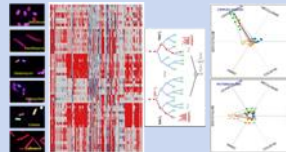
*Enabling innovation and driving efficiency, effectiveness & productivity in research*

## 1. Augmented discovery

Computer-aided drug design & optimisation



Advanced analytics & AI for research



Smart infrastructure & resource optimisation



RIBB *in vivo* building

Research laboratory automation 4.0

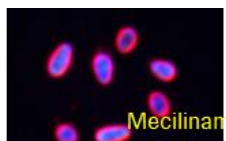




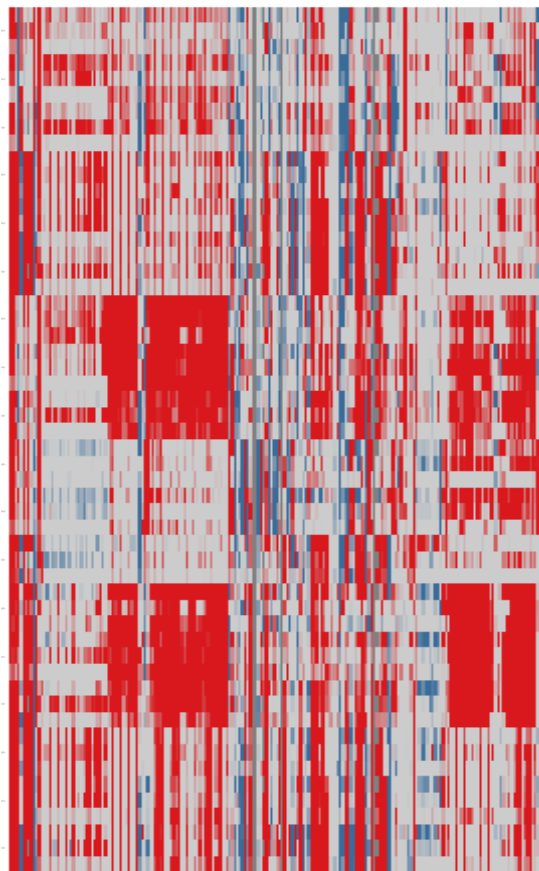
# Bacterial Phenotypic Profiling

## *Predicting mechanism of novel antibiotic candidate molecules*

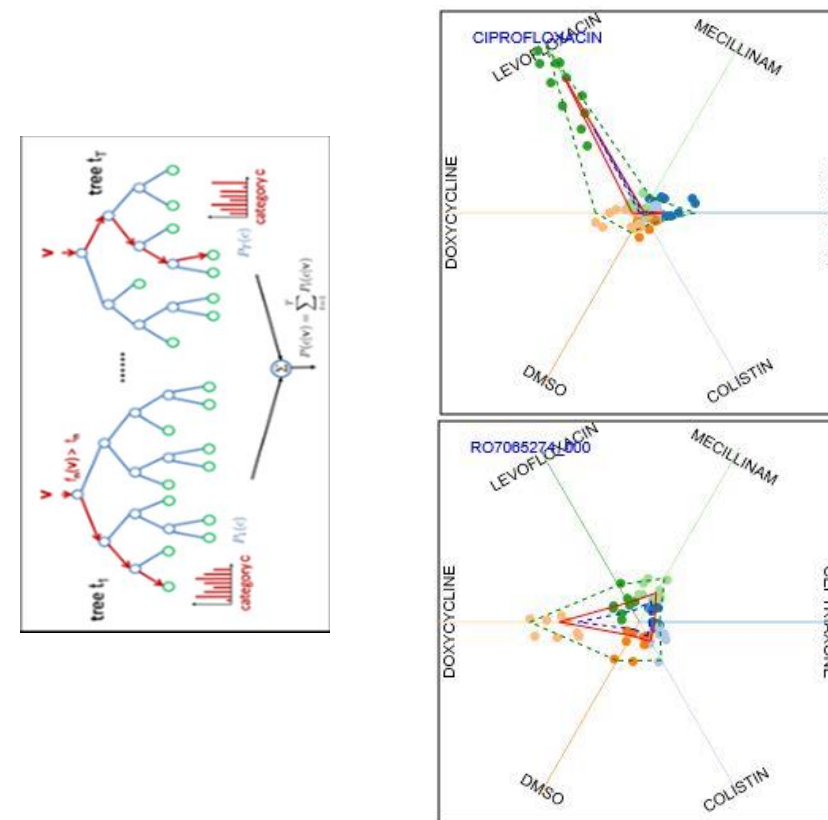
High Content Screening  
assay with sub-lethal  
compound concentrations



multi-parametric fingerprints



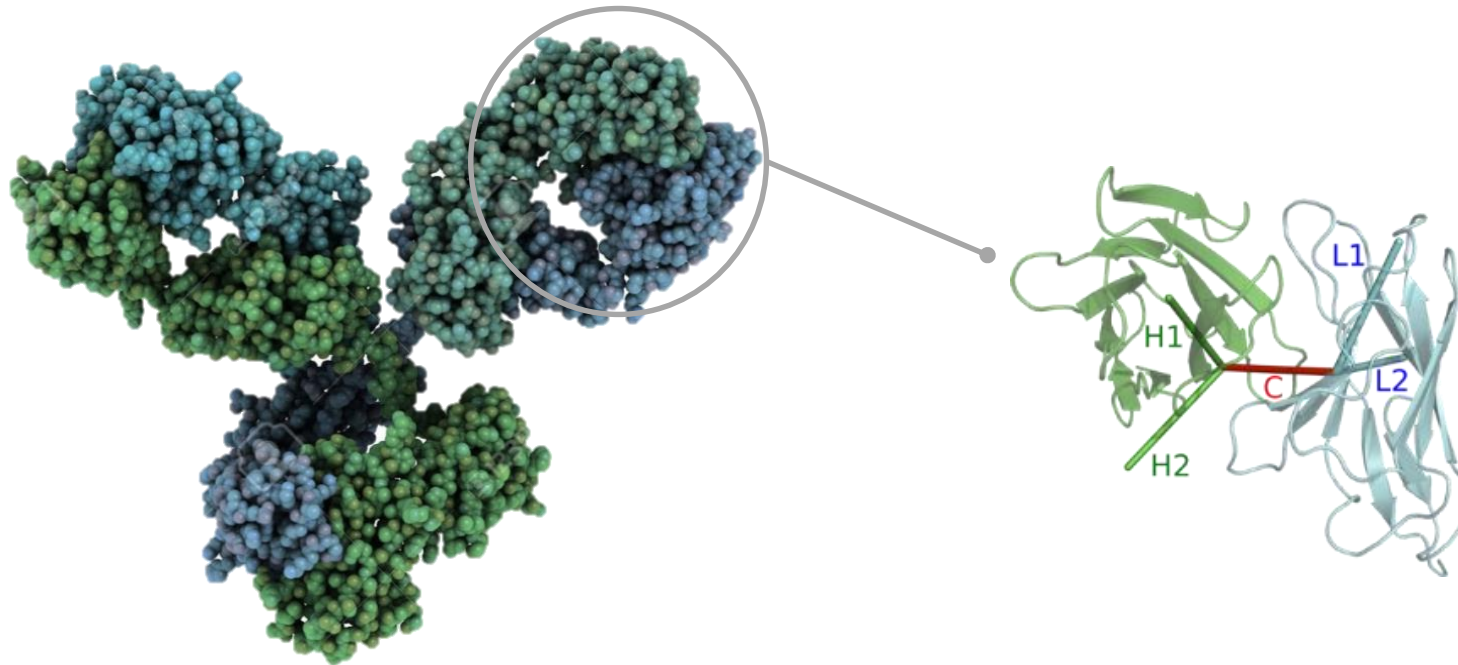
multi-class probabilistic predictions



*The Random Forest algorithm provides robust, fast and interpretable classification of reference compounds and similarity probabilistic predictions of test compounds*

# Predicting VH–VL Domain Orientation for Antibodies

*Preserving original antibody properties during antibody engineering from models based only on sequence information*



Relative orientation of the VH and VL domains codetermines the topology of the antigen-binding site

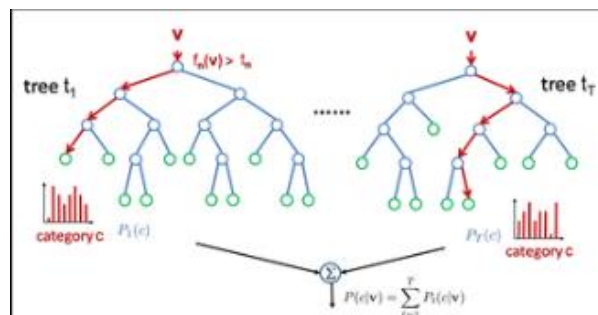
# Predicting VH–VL Domain Orientation for Antibodies

*Preserving original antibody properties during antibody engineering from models based only on sequence information*

Extract mAB sequences and crystal structures from public and internal data sets

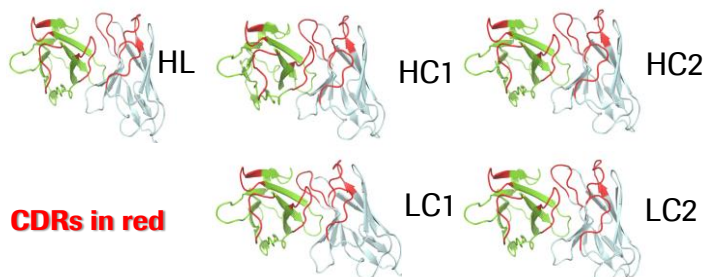


Train Random Forest classifier to predict angles from sequence

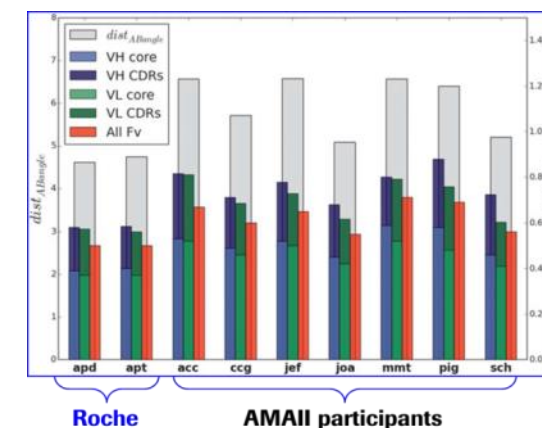


Describe orientation by 5 angles & C length

Torsion	Tilt	Twist
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Test on independent dataset



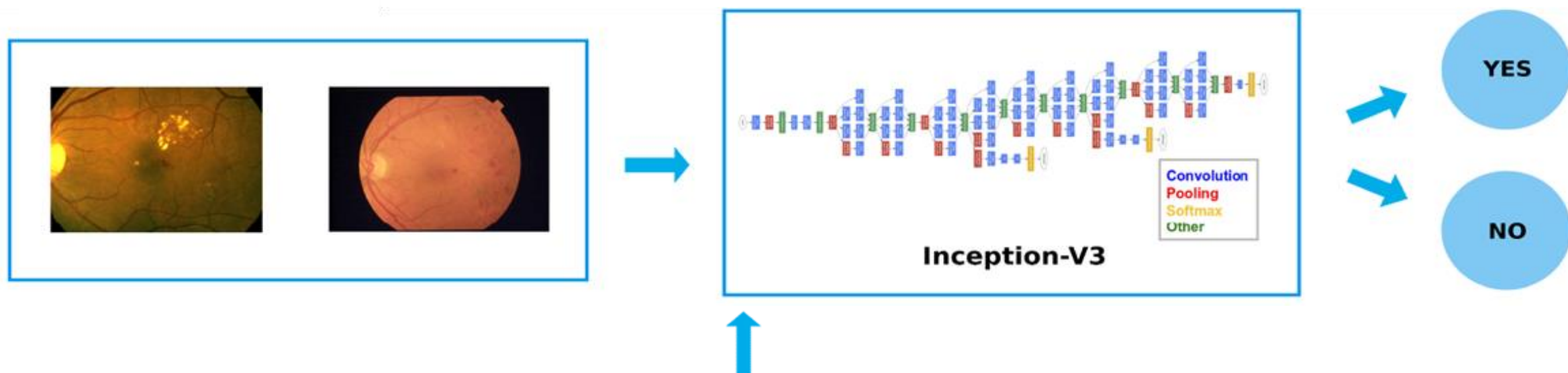
- ✓ Roche classifier outperforms other methods
- ✓ Now part of the mAB engineering workflow in LMR



# Prediction of Optical Coherence Tomography Measures of Diabetic Macular Thickening from Color Fundus Photographs

Input data from Phase 3 DME studies

Central Subfield Thickness (CST) or Central Foveal Thickness (CFT) above threshold (250 $\mu$ m and 400 $\mu$ m)

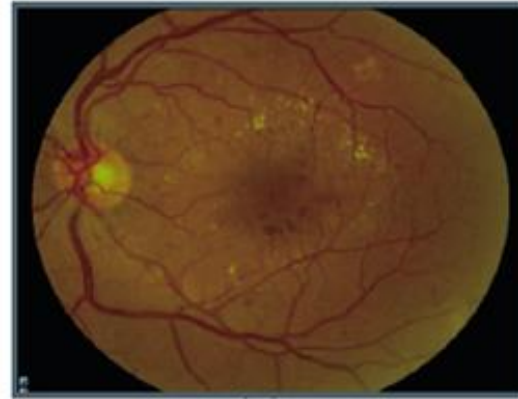


Transfer of “knowledge” using CFPs from the Kaggle Diabetic Retinopathy challenge - binary classifier for severity

*Example performance: prediction of  $CFT \geq 400\mu\text{m}$ :  
AUC of 0.97 (95% CI= 0.88–1.00; sensitivity= 90.0%;  
specificity= 94.0%; N=45 CFPs)*

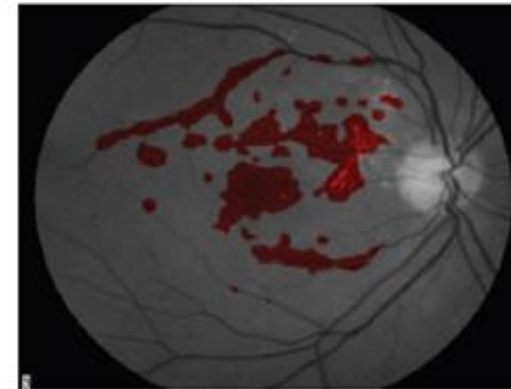
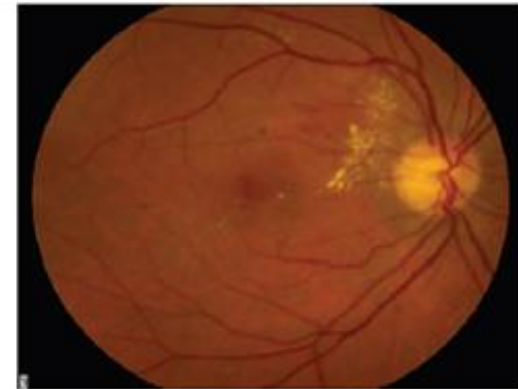
# Prediction of Optical Coherence Tomography Measures of Diabetic Macular Thickening from Color Fundus Photographs

To gain insight into the inner workings of the DL models, attribution maps were created using guided back-propagation.



Example of map created by the DL model to detect MT with CFT > 250  $\mu\text{m}$

These maps display the image locations that the DL model focused on to make its decision about the presence of MT



Example of map created by the DL model to detect MT with CFT > 400  $\mu\text{m}$

*Insights and predictions based on clinical data enable biomarker development, reverse translation, patient cohort selection, etc.*

# Digital priority areas for pRED

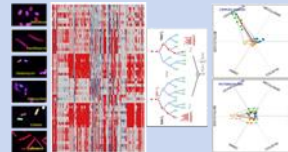
*Enabling innovation and driving efficiency, effectiveness & productivity in research*

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Smart infrastructure & resource optimisation



RIBB *in vivo* building

Research laboratory automation 4.0



# In Vivo Research (IVR) Building Drivers

*Applying Digital and Automation technologies to create a reference IVR facility*

## Innovation

Scientific Quality and Productivity



## Ergonomics

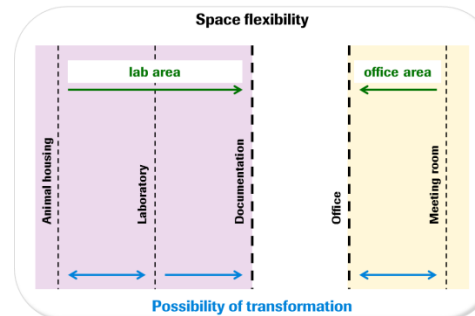
Great place to work

**RIBIS**  
Roche In Vivo Building IT System



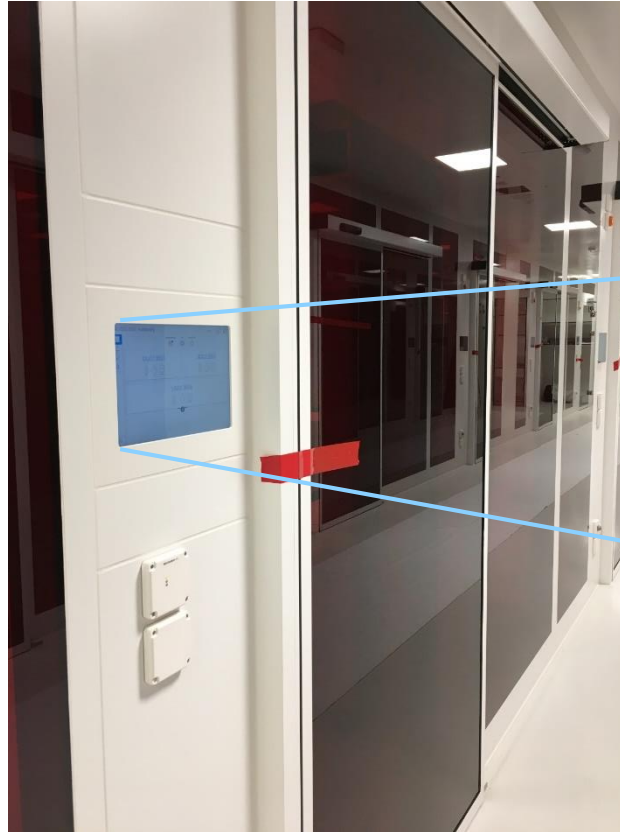
## Flexibility

From 'me' to 'us'



# Environmental Monitoring and Controls

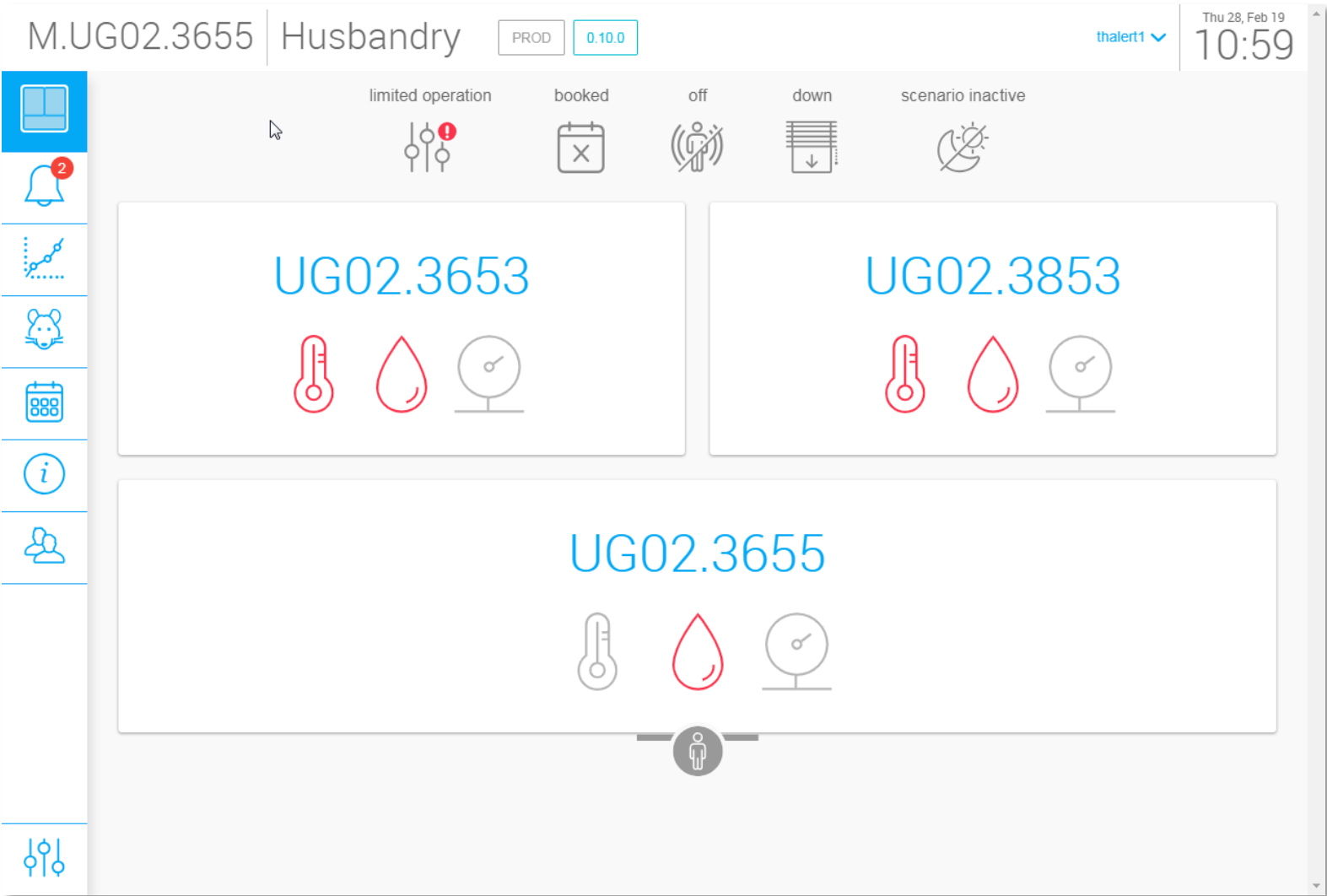
*First in industry in-house development - Room Panel interface*



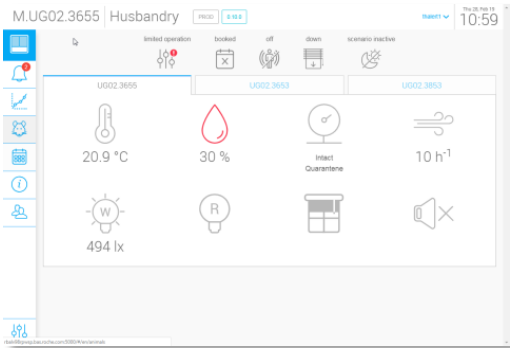


# Room Panel Interface Examples

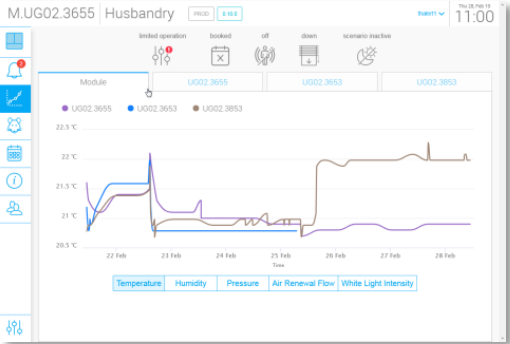
*Also available anywhere, anytime via desktop and mobile devices*



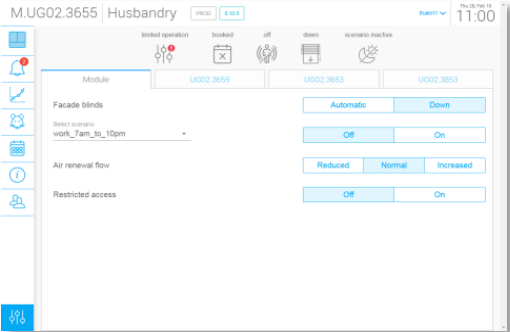
Module



Room



History



Operation

# Overall Building Management

*Additional functionality available in the desktop application*

**Room setpoints / actual values**

Parameter	Setpoint	Actual value
Temperature	20°C	20.0°C
Humidity		50%
Pressure	12Pa	24Pa
Air renewal flow	12h <sup>-1</sup>	12h <sup>-1</sup>

**Room operation**

White light preset: Select

Intensity: 80 lx to 500 lx (Current: 200 lx)

White light: Off / On

Red light status: Off / On

Radio status: Off / On

Blind status: Up / Down

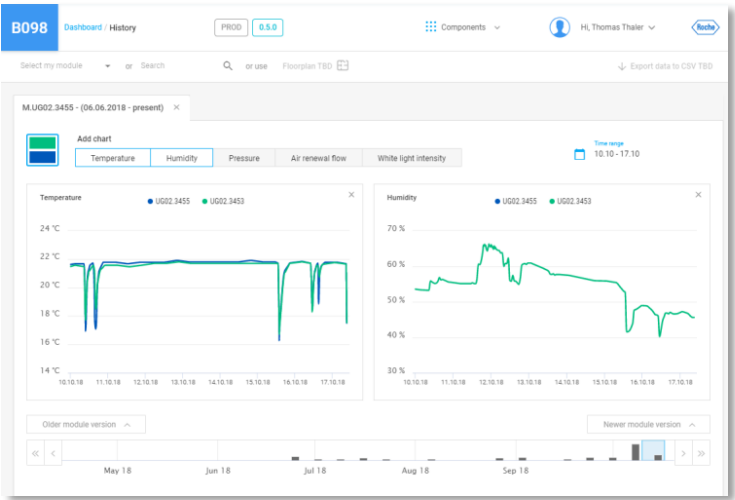
Cleaning function: ☒ Off, ☐ On for 60 minutes, ☐ On for 120 minutes

**Room management**

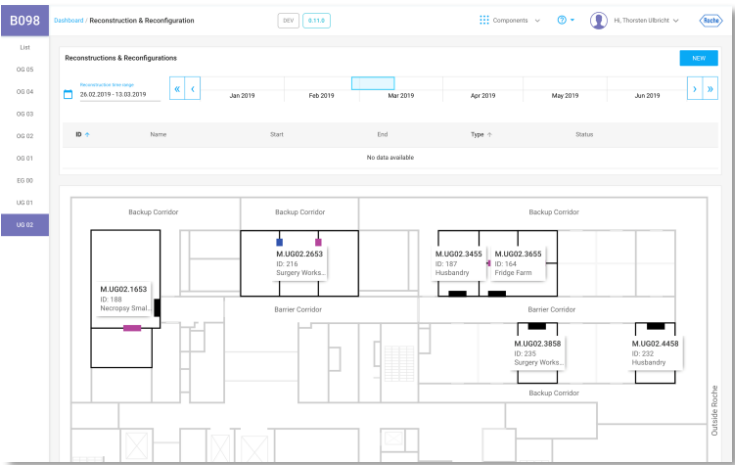
Type: Main room

Description: 0 / 255

**Building Management - Module Operation**



**Alarms**



**Reconstruction**

# Augmented Reality and Voice Interfaces in the Laboratory

## *Video examples of pilots*



# Digital priority areas for pRED

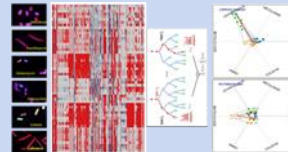
*Enabling our clinical programmes, and engaging patients & investigators*

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Research laboratory automation 4.0



## 2. Connected healthcare for early development

Patient centricity - engaging on their journey



Interacting with & supporting patients and investigators



Data-enabled workflows & decision support



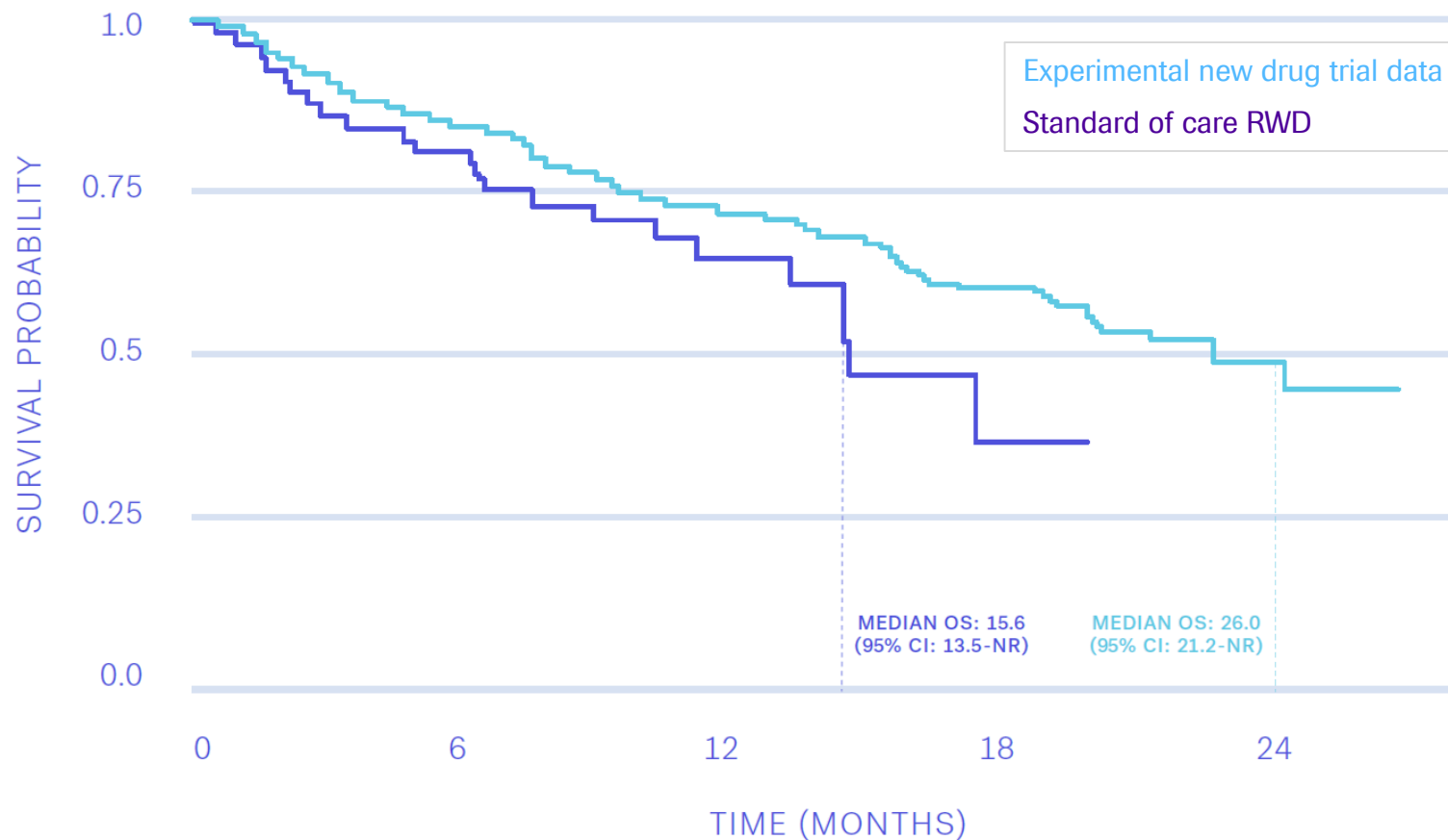
Digital clinical readouts & AI interpretation



# Developing an External Control with RWD

## *A 'better' comparator, reduced cost and patient benefit*

Overall survival analysis comparing Phase II data with a real world external control to demonstrate value relative to standard-of-care for patients with ALK+ metastatic non-small cell lung cancer



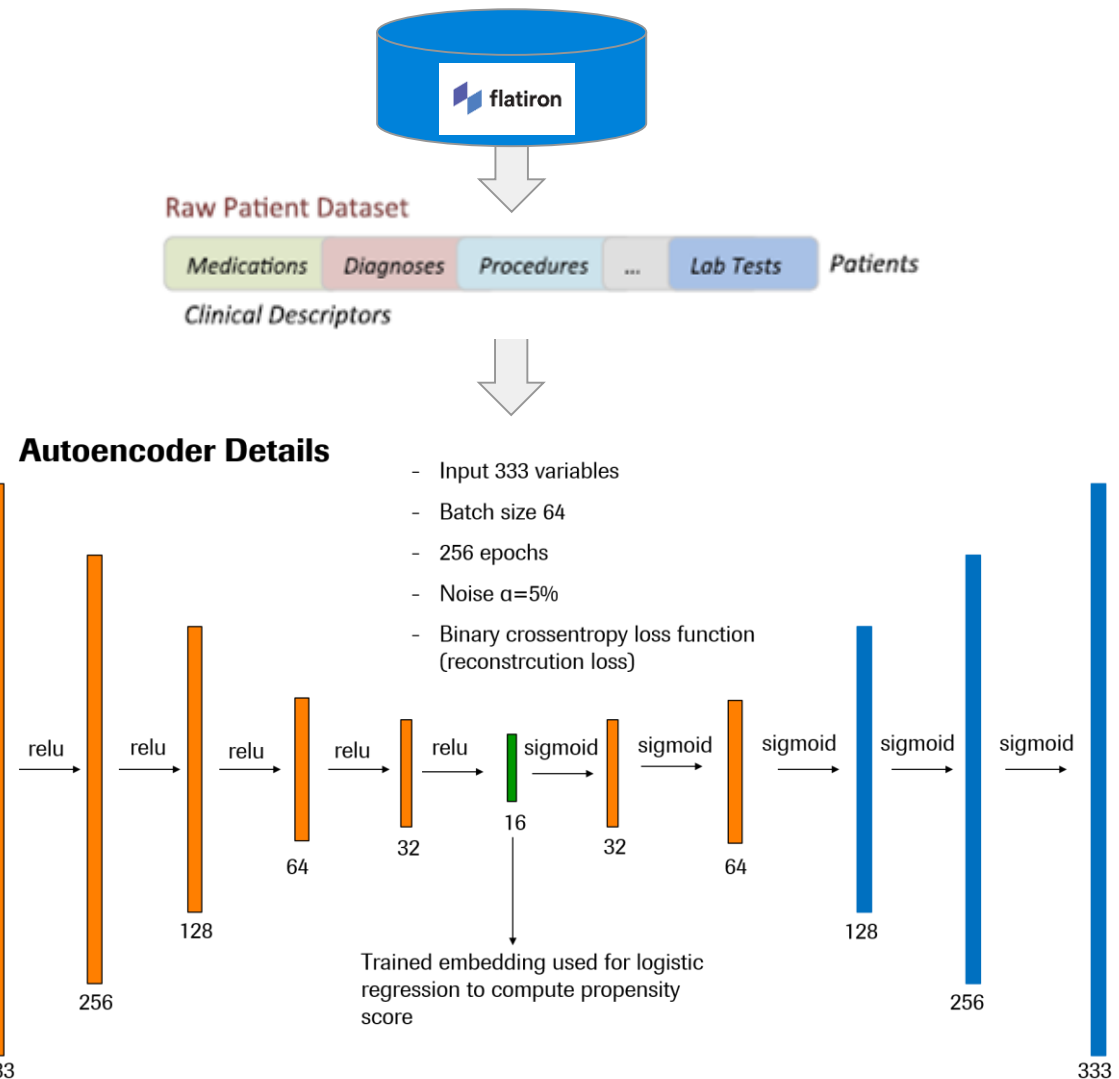
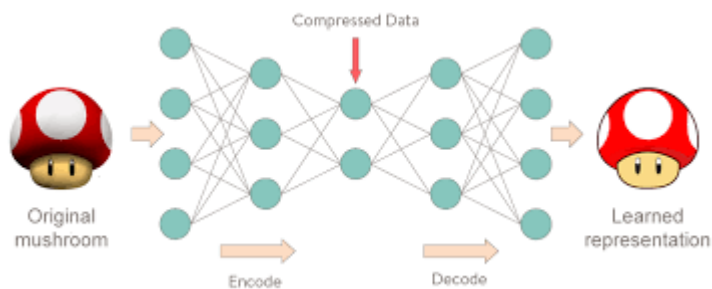


# Cohort Matching with Propensity Scores

## *Autoencoder for improved Propensity Score Matching*

### Autoencoder

- Artificial neural network
- Unsupervised learning of efficient codings
- Purpose: dimensionality reduction
- ~ Non-linear extension of PCA



# Digital priority areas for pRED

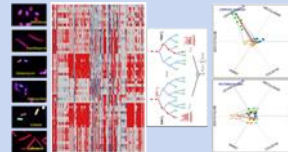
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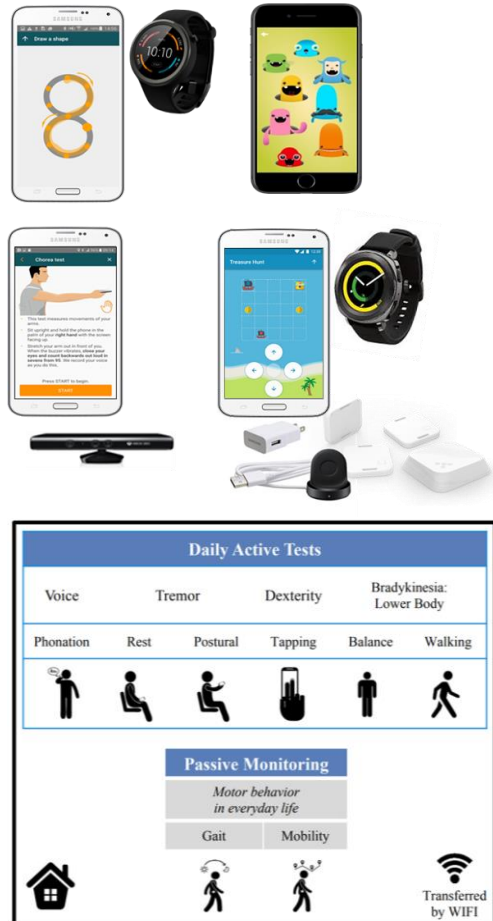


Digital clinical readouts & AI interpretation



# Digital Biomarkers

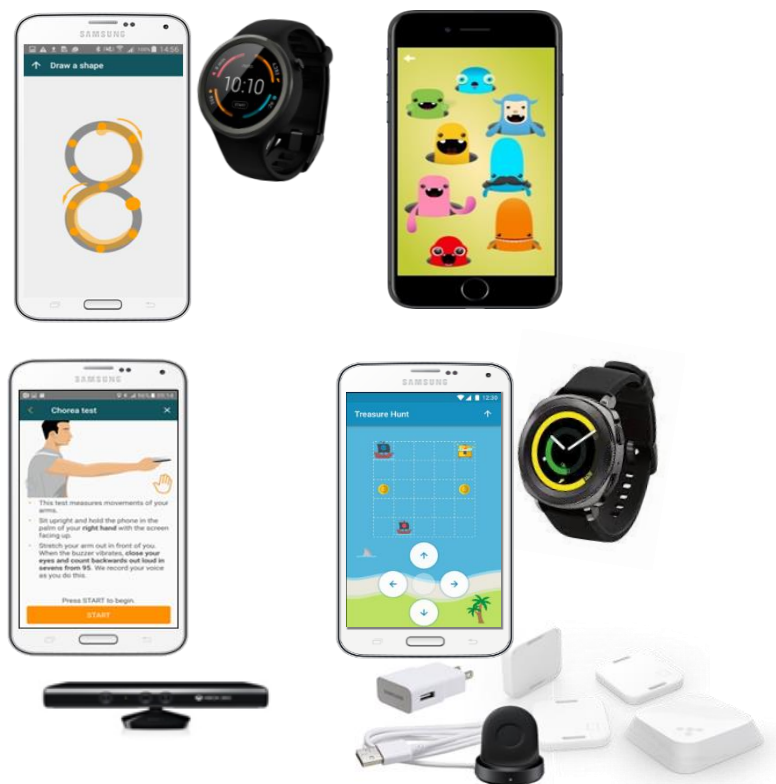
*Providing enhanced patient insights and novel endpoints*



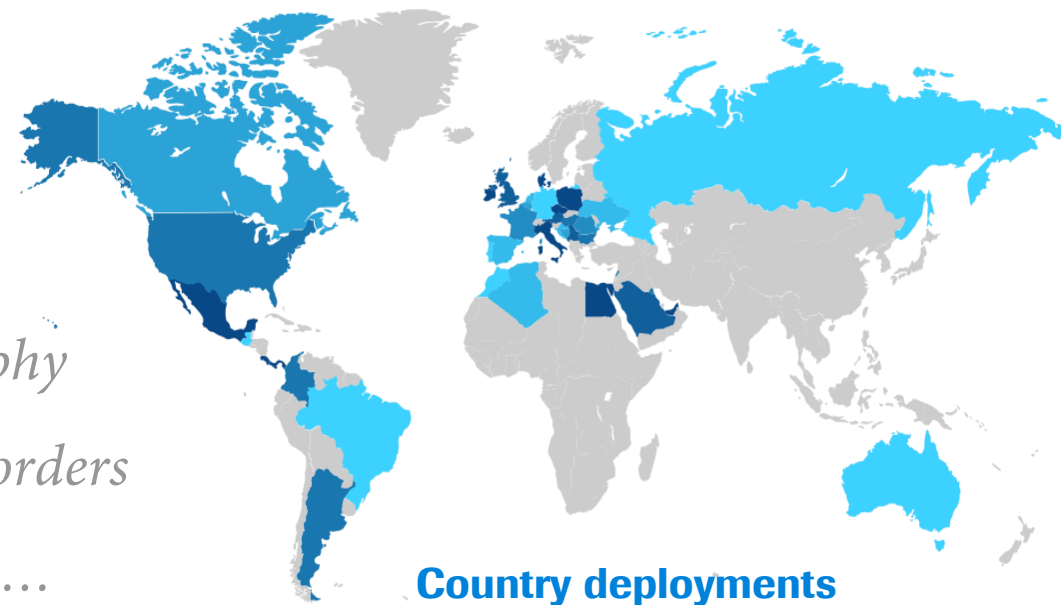
- Clinical trials utilizing **mobiles, wearables** and **gaming** devices
- More **sensitive, precise** and **objective**
- **Continuous** and **longitudinal** measurement captures episodic and rare events
- Reduced **assessment burden** and greater **real-world relevance**

# Progress in digital biomarkers

*Comprehensive & innovative portfolio of differentiated tools in multiple symptom domains*



*Multiple Sclerosis*  
*Parkinson's Disease*  
*Huntington's Disease*  
*Spinal Muscular Atrophy*  
*Autistic Spectrum Disorders*  
*Angelman's Syndrome...*



**40 countries**

**>150 clinical sites**

**4k installed  
devices**

**2.5k  
smartphones**

**1.5k  
smartwatches**

# Roche scientists inventing new dBM assessments

*“eDraw a Shape” remote assessments offers rich clinical data*

**Subject A**

**Subject B**

**Classical 9-Hole Peg Test**



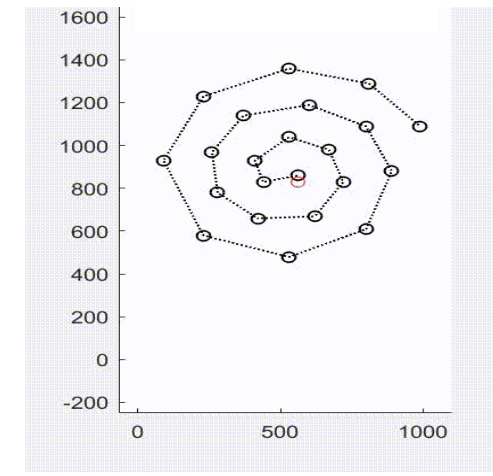
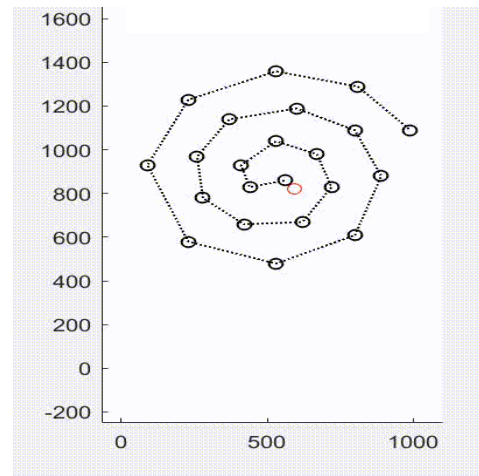
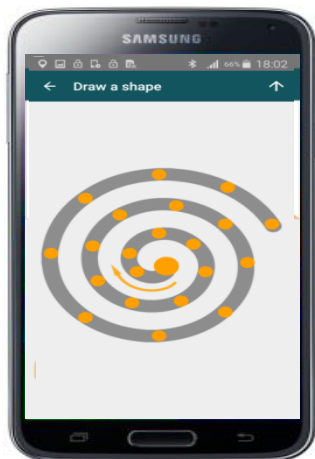
**17 seconds**

**37 seconds**

**8 seconds**

**15 seconds**

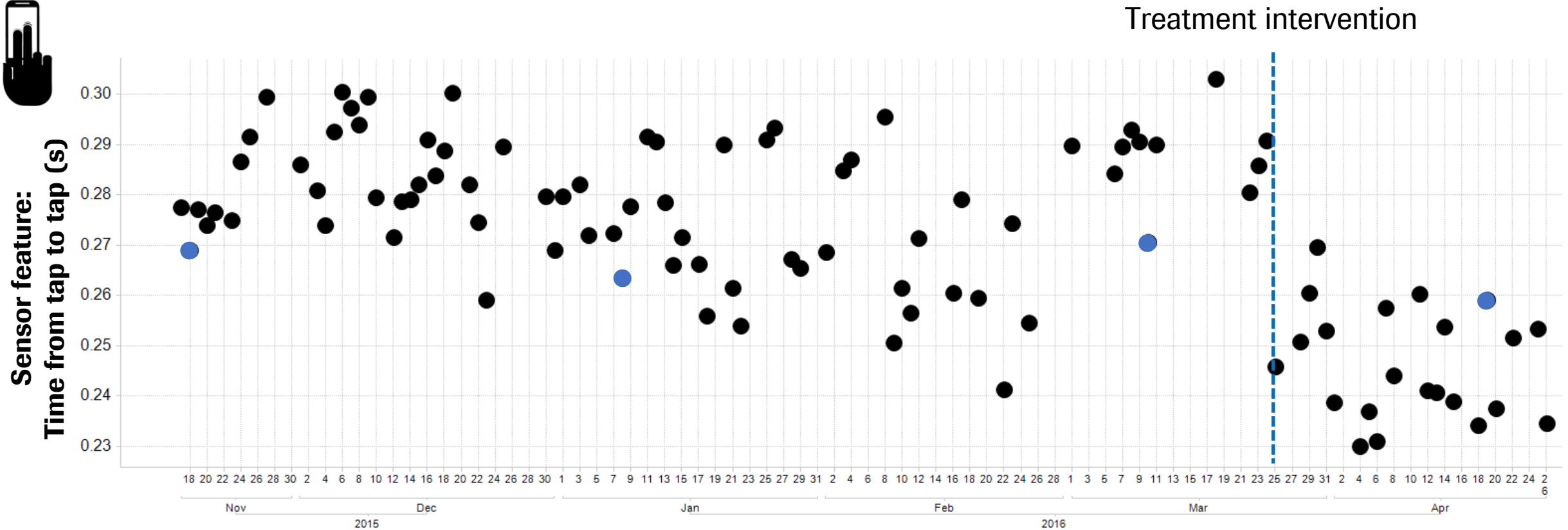
**Floodlight: Draw a Shape**





# Continuous monitoring versus regular in-clinic measurements

*Potential to pick up treatment effects faster and more accurately*

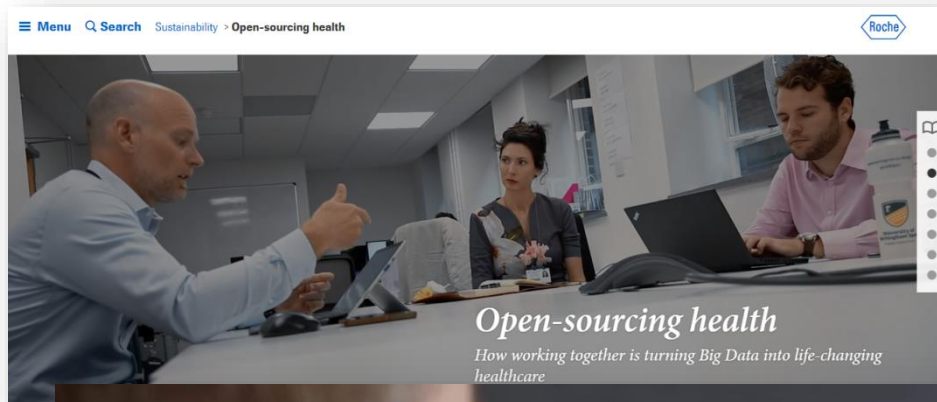


- datapoint at day of clinical visit
- data from continuous measurement using sensors

# Working with the external scientific community

## *Establishing robust digital outcome measures tailored to our development programmes*

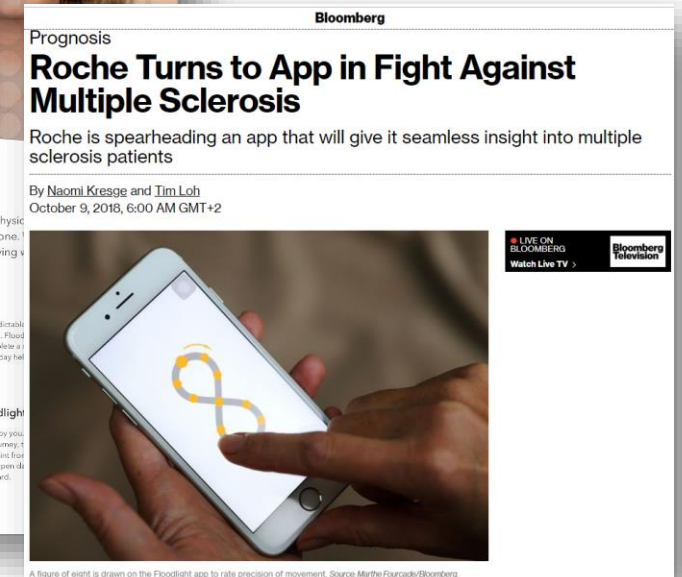
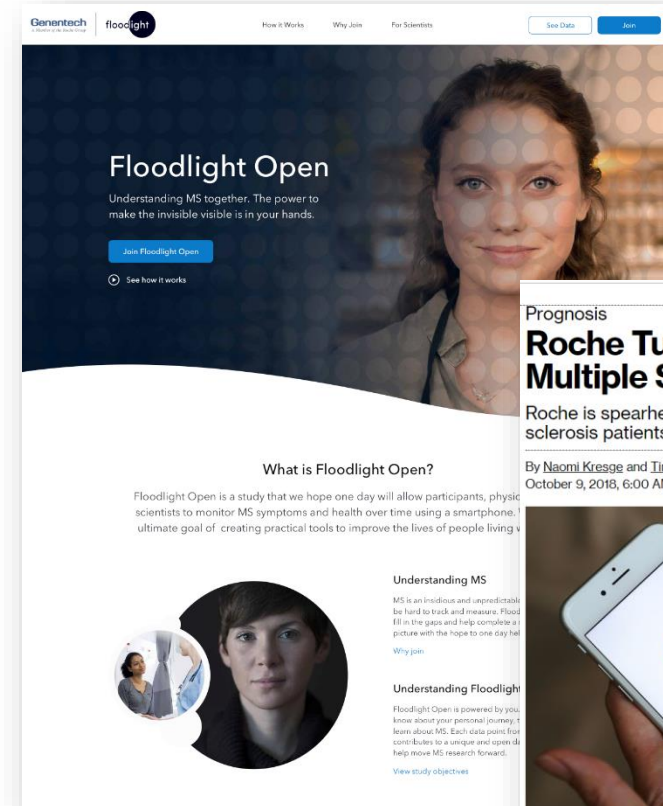
### Parkinson's disease



“The new biomarker platform to be used in the trial will be unveiled on 7 October 2018 at the Movements Disorder Society Congress in Hong Kong,” says Post.



### Multiple Sclerosis



# Digital priority areas for pRED – detailed investment areas

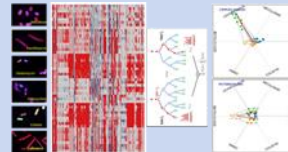
## *Pivoting from digital biomarkers to digital therapeutics*

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Research laboratory automation 4.0



### 2. Connected healthcare for early development

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Digital clinical readouts & AI interpretation



### 3. Digital therapeutics



Optimising the Medicine

Augmenting the Medicine

# Around & beyond the medicine

*Digital solutions offer the opportunity for personalised healthcare solutions beyond the “pill”*

## Around



### Optimising the Medicine

Treatment selection and management, e.g. earlier access, dose optimization

Automation of delivery

Patient empowerment, e.g. monitoring & reporting

## Beyond

### Augmenting the Medicine

Skills development

Cognitive behavioral therapy

Disease management services

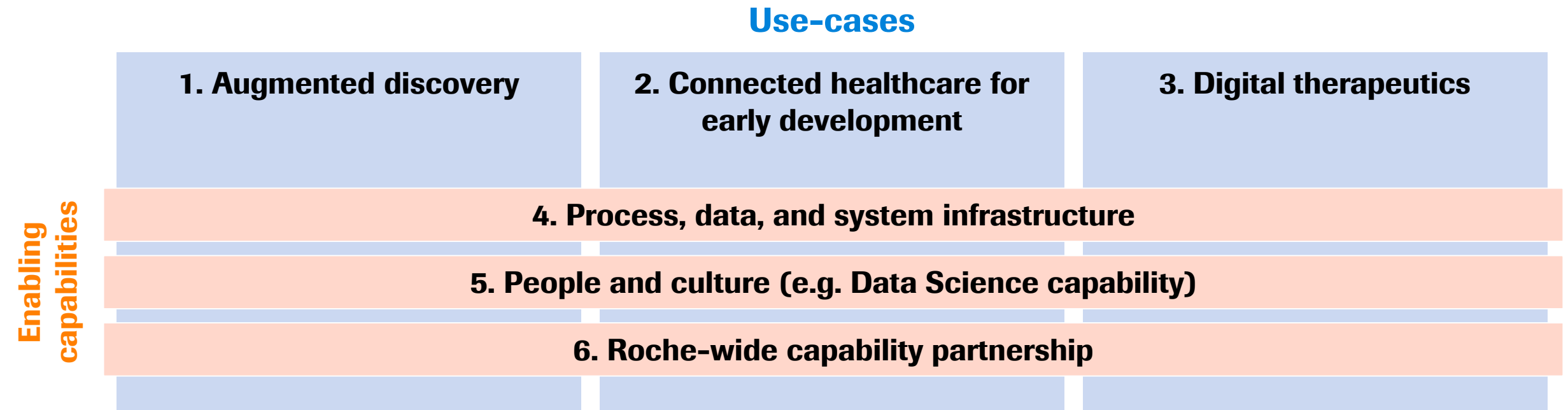
Prognostics & prevention

Human augmentation, e.g. implants, human-computer interfaces (AR, VR), robotic augmentation

*Driven by evidence-based, differentiated medical value*

# Digital priority areas for pRED

*To capitalise on digital opportunities, we need to build enabling capabilities & pursue specific use-cases*



*Enabling pRED & bringing added value across the Roche Group*



*Doing now what patients need next*