



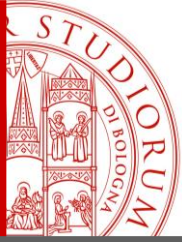
In Silico Trials: current status and future perspectives

Prof Marco Viceconti

Alma Mater Studiorum – University of Bologna

Too little information





Information overflow



5 concepts top!!





Population models

FRAX[®] Fracture Risk Assessment Tool

Home Calculation Tool Paper Charts FAQ References English

Calculation Tool

Please answer the questions below to calculate the ten year probability of fracture with BMD.

Country: **UK** Name/ID: [About the risk factors](#)

Questionnaire:

1. Age (between 40 and 90 years) or Date of Birth
Age: Date of Birth: Y: M: D:

2. Sex Male Female

3. Weight (kg)

4. Height (cm)

5. Previous Fracture No Yes

6. Parent Fractured Hip No Yes

7. Current Smoking No Yes

8. Glucocorticoids No Yes

9. Rheumatoid arthritis No Yes

10. Secondary osteoporosis No Yes

11. Alcohol 3 or more units/day No Yes

12. Femoral neck BMD (g/cm²)
Select BMD

Weight Conversion

Pounds kg

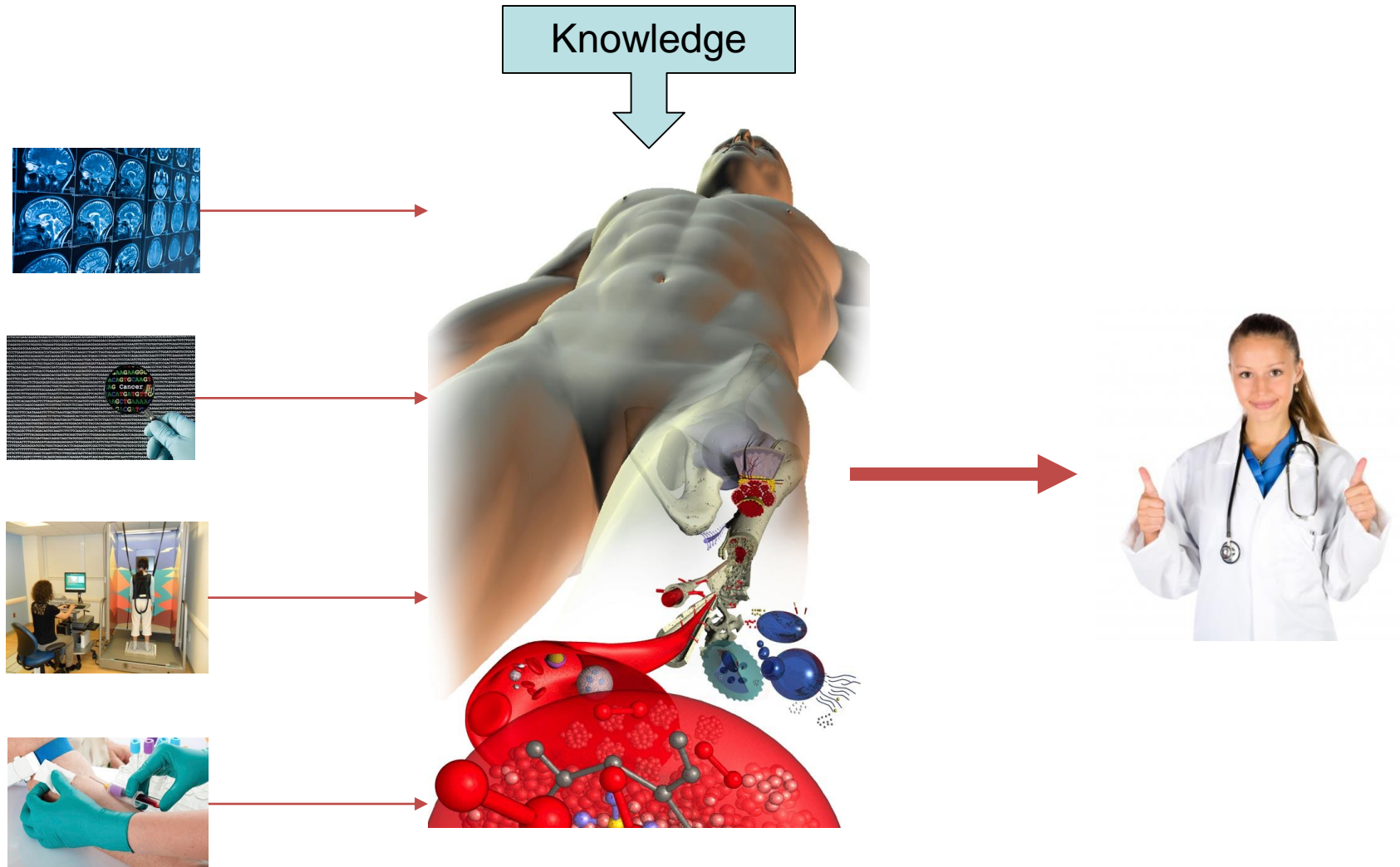
Height Conversion

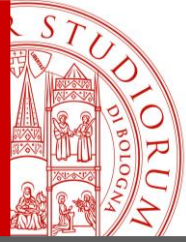
Inches cm

06641183
Individuals with fracture risk assessed since 1st June 2011



Subject-specific models

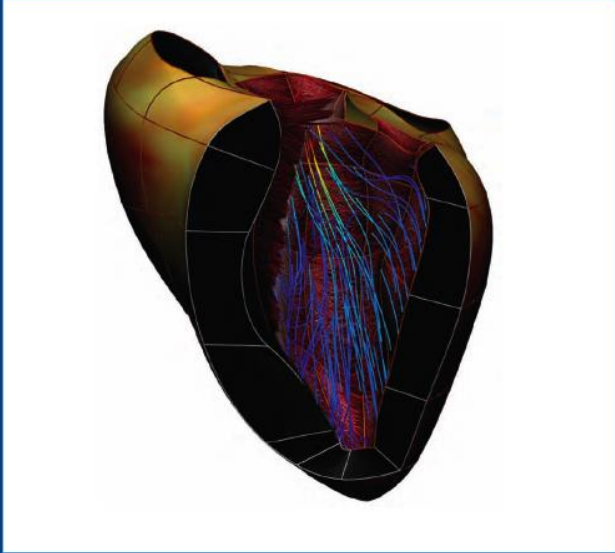




2007 - VPH Research Road Map

ETEP Consortium

Seeding the EuroPhysiome: A Roadmap to the Virtual Physiological Human

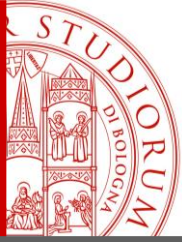


“We zijn nog niet aan denieuwe patatjes”
“We are not at the new potatoes yet” Traditional Flemish expression

“Adparent rari nantes in gurgite vasto”
“Only the few swim in a rough sea” Virgil, Aeneid, 1, 118

EuroPhysiome

<http://www.vph-institute.org/documents.html>

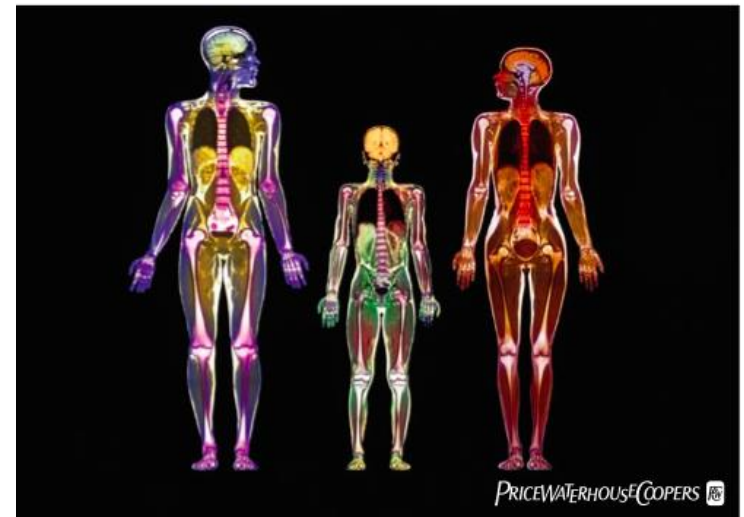


2007: PWC report

- PWC identifies 7 major trends:
 - The burden of chronic disease is soaring.
 - Healthcare policy-makers and payers are increasingly mandating what doctors can prescribe.
 - Pay-for-performance is on the rise.
 - The boundaries between different forms of healthcare are blurring.
 - The markets of the developing world, where demand for medicines is likely to grow most rapidly over the next 12 years, are highly varied.
 - Many governments are beginning to focus on prevention rather than treatment, although they are not yet investing very much in pre-emptive measures.
 - The regulators are becoming more risk-averse.
- Recommendation: “Greater use of new technologies to “virtualise” the research process and accelerate clinical development”

Pharmaceuticals & Life sciences

Pharma 2020: Virtual R&D
Which path will you take?





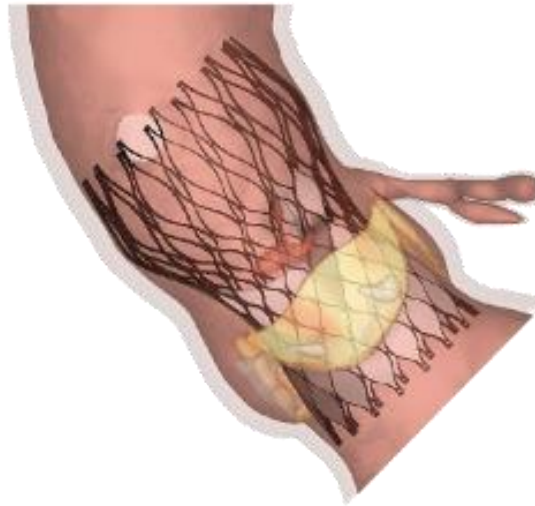
2011 green paper: Who are the End Users?



DIGITAL PATIENT

Subject-specific predictions for decision-support, diagnosis, treatment-planning, stratification

FOR THE DOCTOR



IN SILICO TRIALS

Virtual patient cohorts for 3R, surrogate outcomes, augmented clinical trials

FOR THE INDUSTRY



PERSONAL HEALTH FORECASTING

Subject-specific predictive models for mobile and digital health and wellness

FOR THE PATIENT - CITIZEN

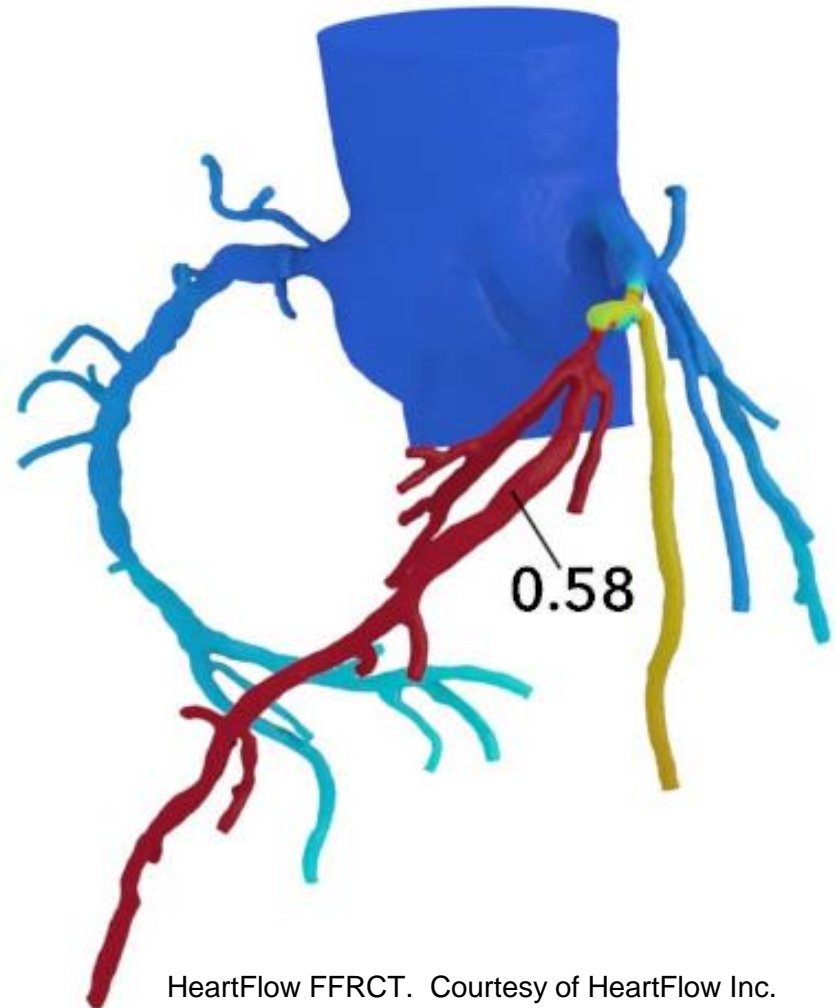
<http://www.vph-institute.org/documents.html>

HeartFlow: FFRCT

Coronary CT Angiography



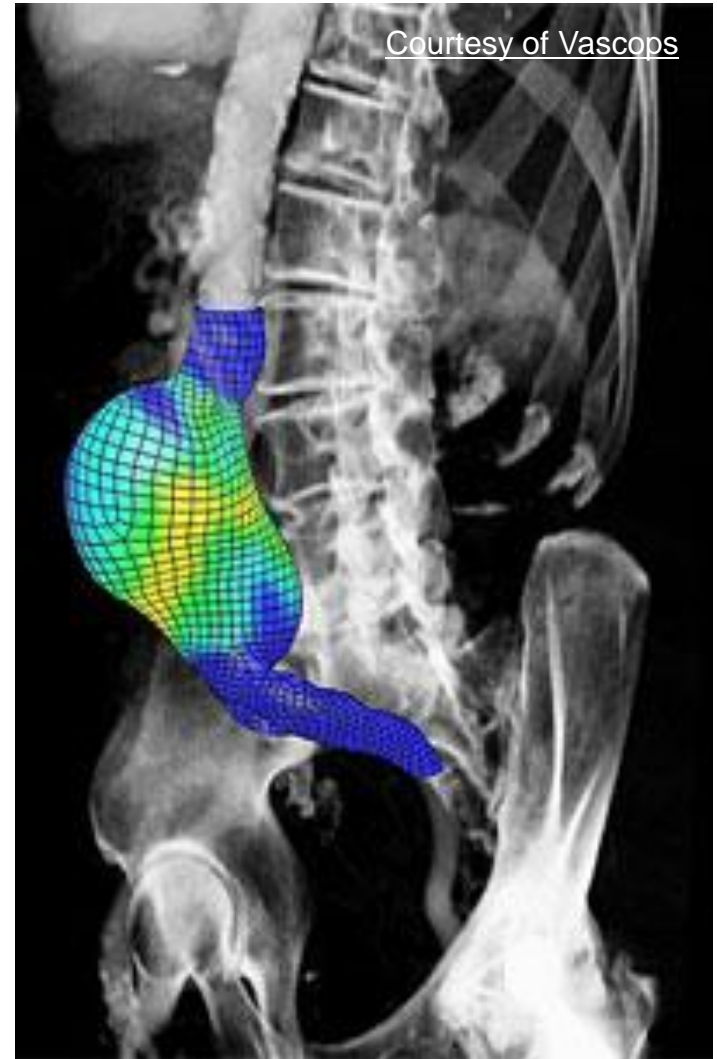
La Barbera M. Noninvasive Cardiac Imaging: Coronary CT Angiography
<https://www.clinicalcorrelations.org/?p=679>

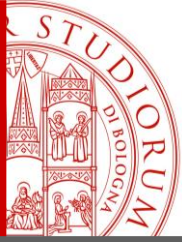


HeartFlow FFRCT. Courtesy of HeartFlow Inc.

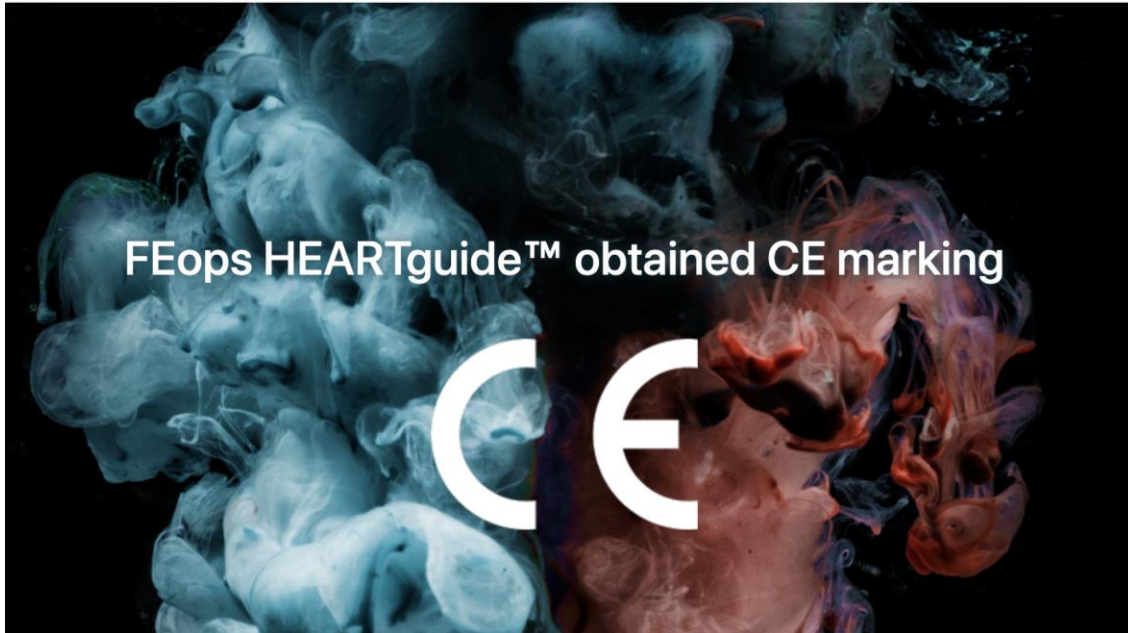
VASCOPS: first EC DP-SaMD

- Early screening of abdominal aortic aneurysm (AAA) patients
- Patient-specific risk assessment
- Automatic measuring device
- Translation of individual patients with respect to mean population data
- Certified as Class IIb medical device by PMG (Austria) (owned by Graz University of Technology)

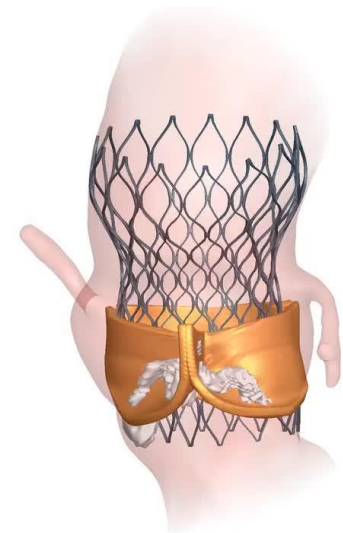
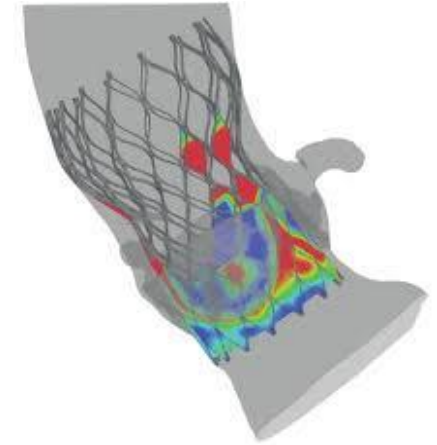


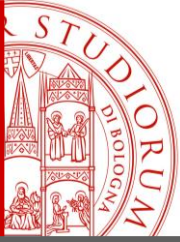


FEOPS Heart-Guide



Transcatheter Aortic Valve Implantation

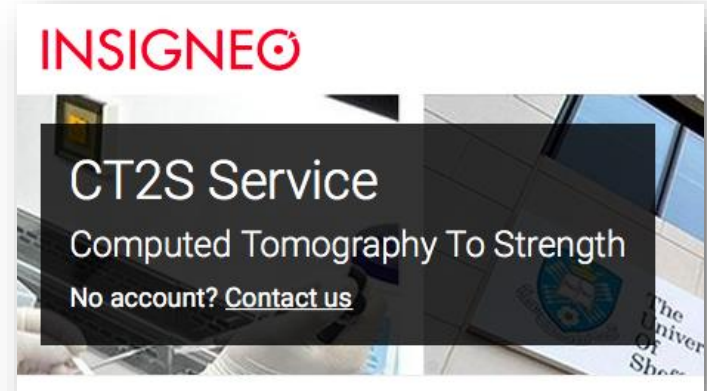




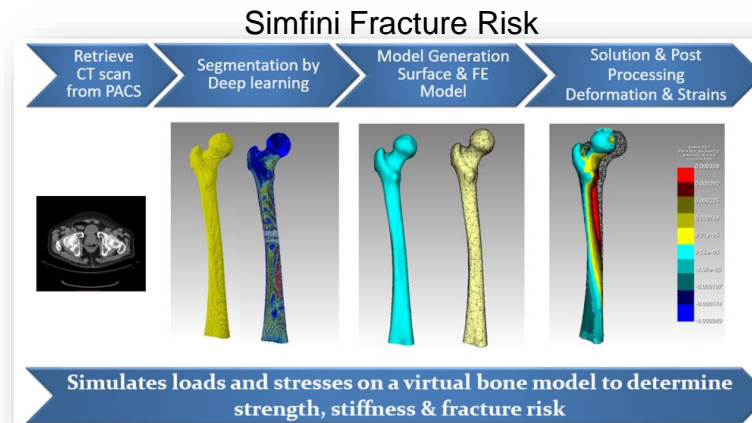
From CT to Bone Strength



On Diagnostics, USA



Insigneo CT2S Service, UK



PERISIMIO, Israel



Digital Twins

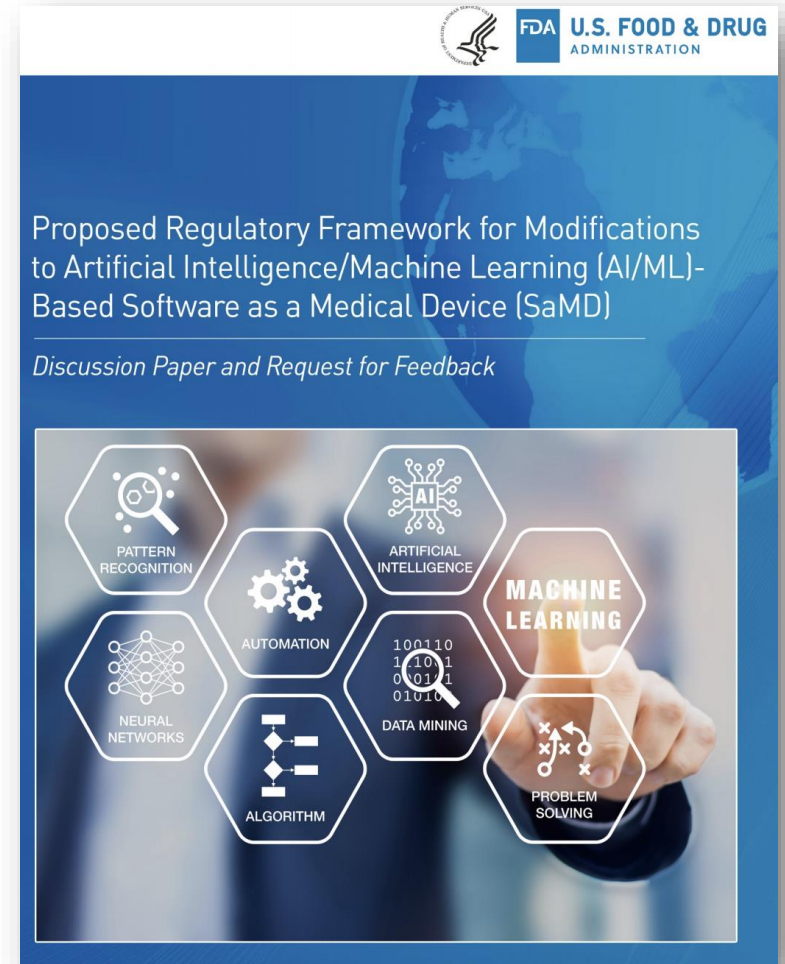


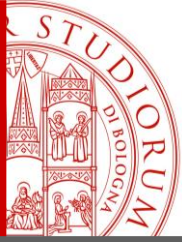
	ALACRIS THERANOSTICS GMBH	Germany
	ATOS SE	Spain
	Biomedical Technologies	Spain
	CROWD HELIX	Ireland
	Epigenetiks Genetik Biyoinformatik Yazilim A.Ş.	Turkey
	Essilor	France
	GIOTTO BIOTECH SRL	Italy
	IBM RESEARCH GMBH	Switzerland
	INSTITUT ROCHE SAS	France
	ISC INTELLIGENCE IN SCIENCE SPRL	Belgium
	Maxeler Technologies	United Kingdom
	NEC LABORATORIES EUROPE GMBH	Germany
	Paggas Technologies	Bulgaria
	PHILIPS ELECTRONICS NEDERLAND B.V.	Netherlands
	SANOFI	France
	Siemens Healthineers	Germany
	Startupbootcamp Digital Health	Germany
	TAKE Solutions - Navitas Lifesciences	India



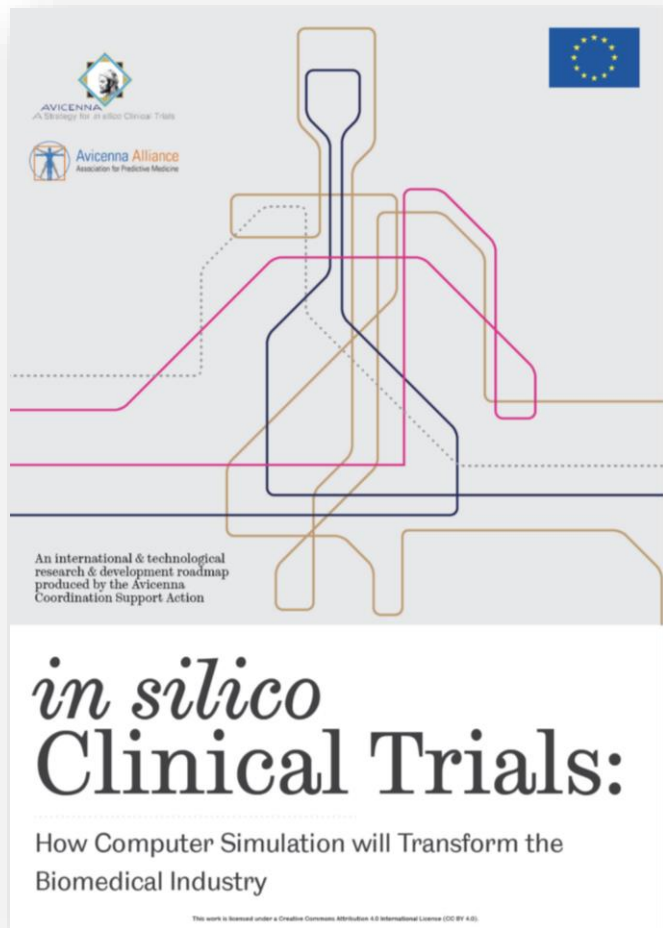
Certification of predictive SaMD

- *Ab Initio* Molecular Dynamics
 - e.g. affinity binding
- Mechanistic models
 - Based on physics, chemistry, physiology
- Grey-box models
 - e.g. NARMAX, PBPK
- AI Analytics
- Statistical models





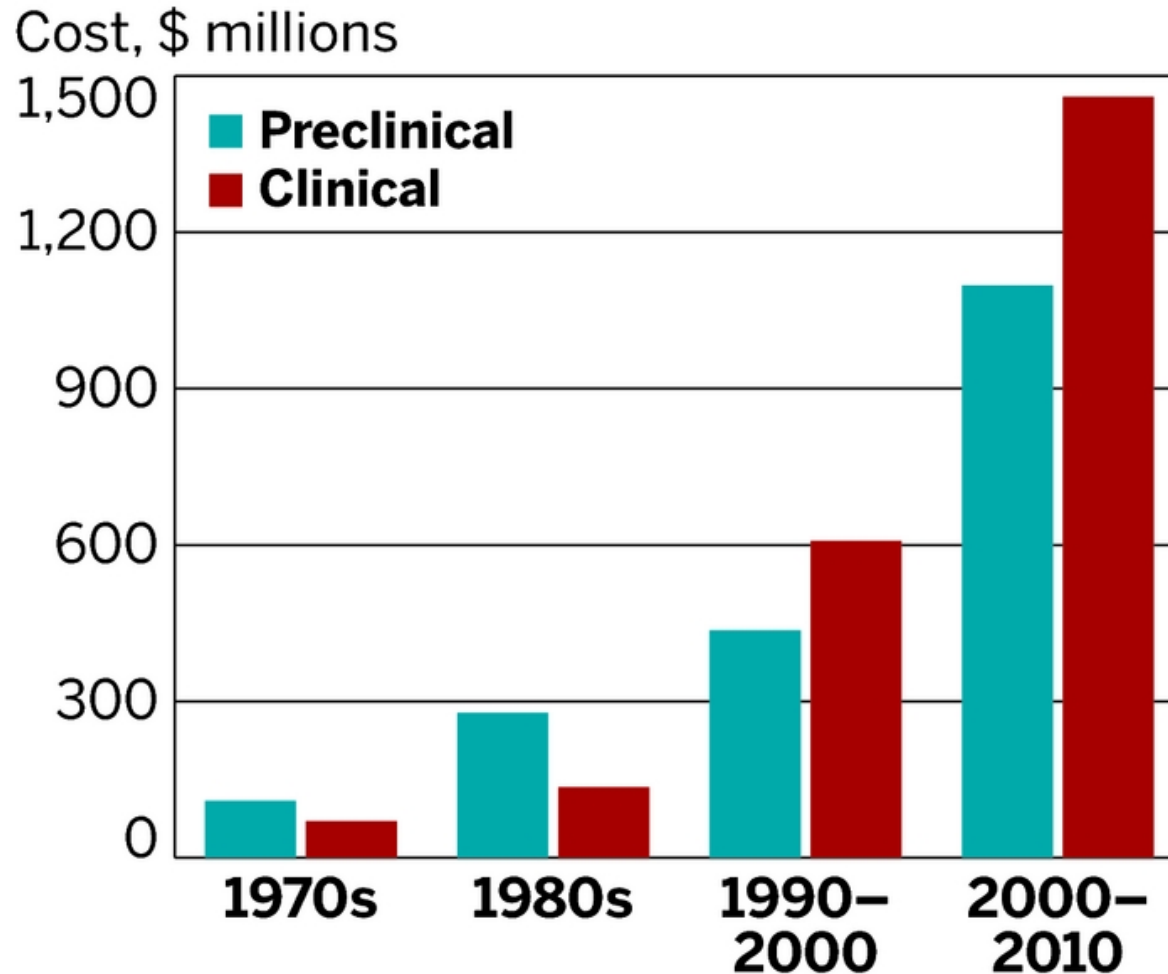
2016: Avicenna roadmap



“The use of individualised computer simulation in the development or regulatory evaluation of a medicinal product or medical device/intervention”

<http://www.vph-institute.org/documents.html>

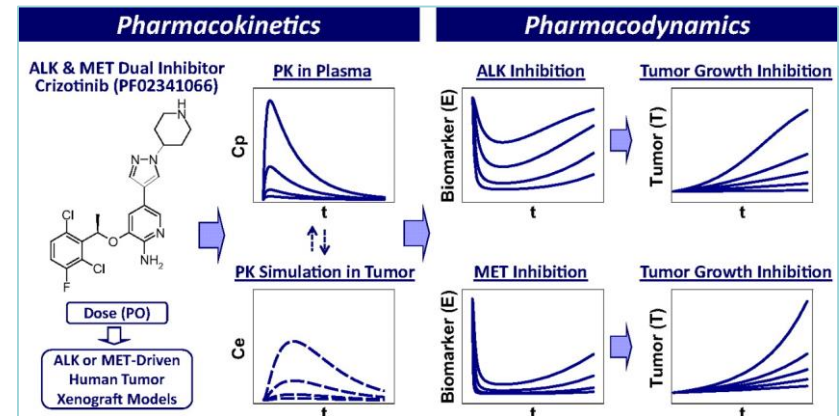
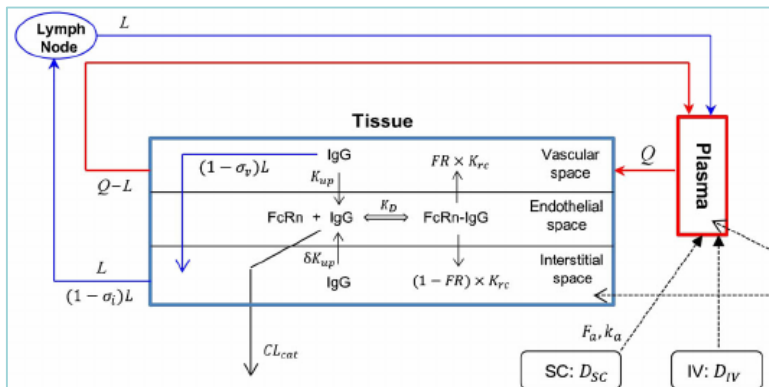
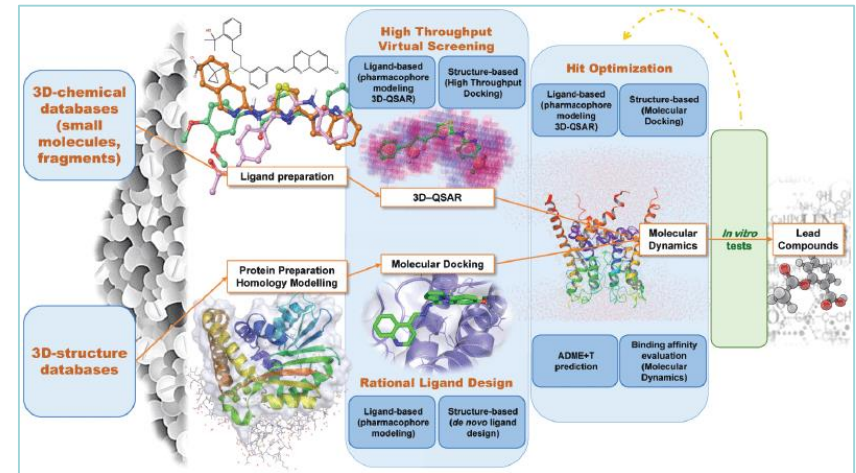
Cost to Develop New Drug > \$2.5b



Source: Tufts Center for the Study of Drug Development, USA - 2014

M&S in drug testing

- There is a robust experience around the use of M&S in drug testing, for very specific applications:
 - MD in drug design/ opt
 - Pharmaco-kinetics/ -dynamics
 - Physiology-based PK





Recommendations to regulators

16 July 2015



“the Committee urges FDA to engage with device and drug sponsors to explore greater use, where appropriate, of In Silico trials for advancing new devices and drug therapy applications”. Senate Fiscal Year 2016 FDA Appropriations Bill (S. 1800) & Report (S. Rept. 114-82)

10 March 2016



“advances in alternative testing require the creation of a regulatory framework [...] including for example the recognition and evaluation of modelling and simulation technologies”. EU Parliament amendment to Regulation (EC) No 726/2004



FDA Guidance on M&S use

- **Context of use** of the CM&S study including a clear identification of the quantity(s) of interest (QOI) (e.g., to determine the maximum stress value(s) and location(s))
- **Scope of the analysis** (e.g., for a device that has multiple sizes and/or configurations, specify which sizes and/or configurations were modeled, and how the computational model relates to the intended patient population)
- **Type of analysis** (e.g., fluid dynamics and mass transport, solid mechanics, electromagnetics and optics, ultrasound, heat transfer)
- **Conduct Verification, Validation & Uncertainty Quantification**
- **Conclusions** with respect to the context of use

Reporting of Computational Modeling Studies in Medical Device Submissions

Guidance for Industry and Food and Drug Administration Staff

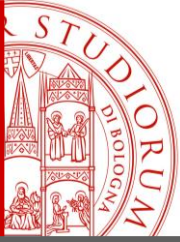
Document issued on: September 21, 2016.

The draft of this document was issued on January 17, 2014.

For questions about this document, contact Tina M. Morrison, Ph.D., Division of Applied Mechanics, Office of Science and Engineering Laboratories, (301) 796-6310, tina.morrison@fda.hhs.gov.

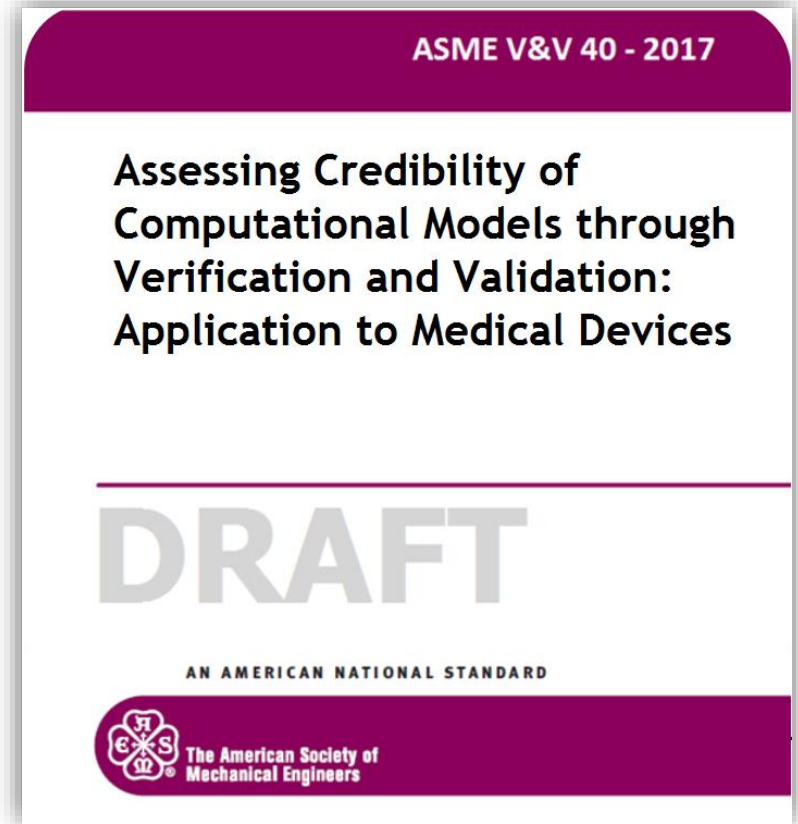


U.S. Department of Health and Human Services
Food and Drug Administration
Center for Devices and Radiological Health
Office of Device Evaluation
Office of Science and Engineering Laboratories



ASME Committee V&V-40

- Scope: Verification and validation in computational modeling of medical devices
- Charter of V&V40: Coordinate, promote, and foster the development of standards that provide procedures for assessing and quantifying the accuracy and credibility of computational models and simulations

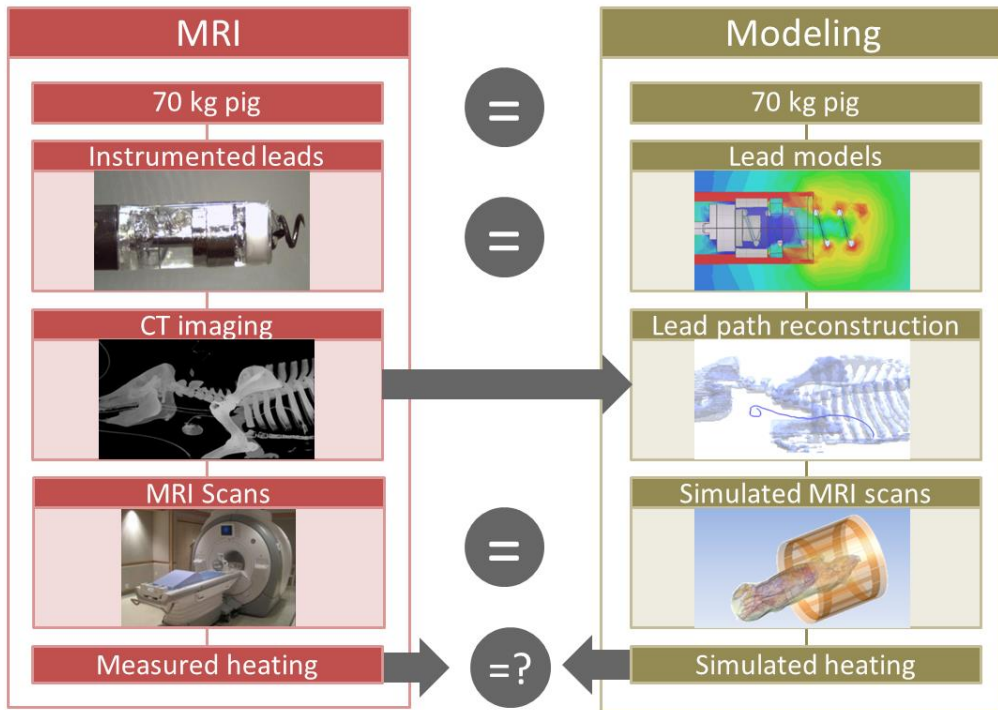


Approved Nov 2018

AVOID CLINICAL TRIAL

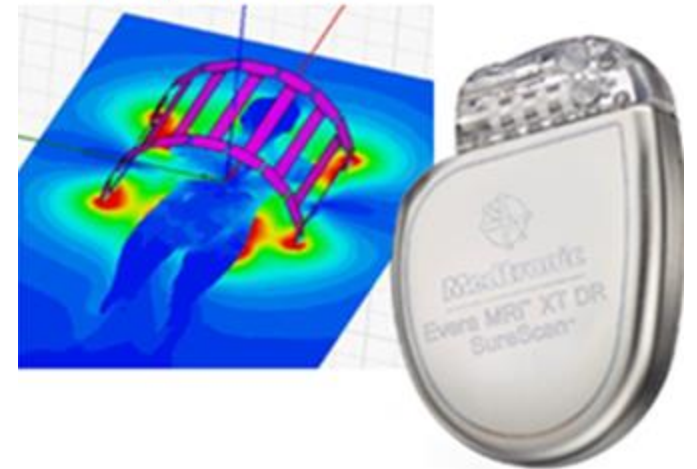
ADVISA SR APPROVAL CRT-D MRI, 3T MRI

In Vivo Model Validation



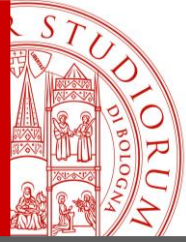
Significant cost and time savings due to **clinical trial avoidance** leading to valuable incremental revenue gain and **earlier patient access**

Amplia MRI

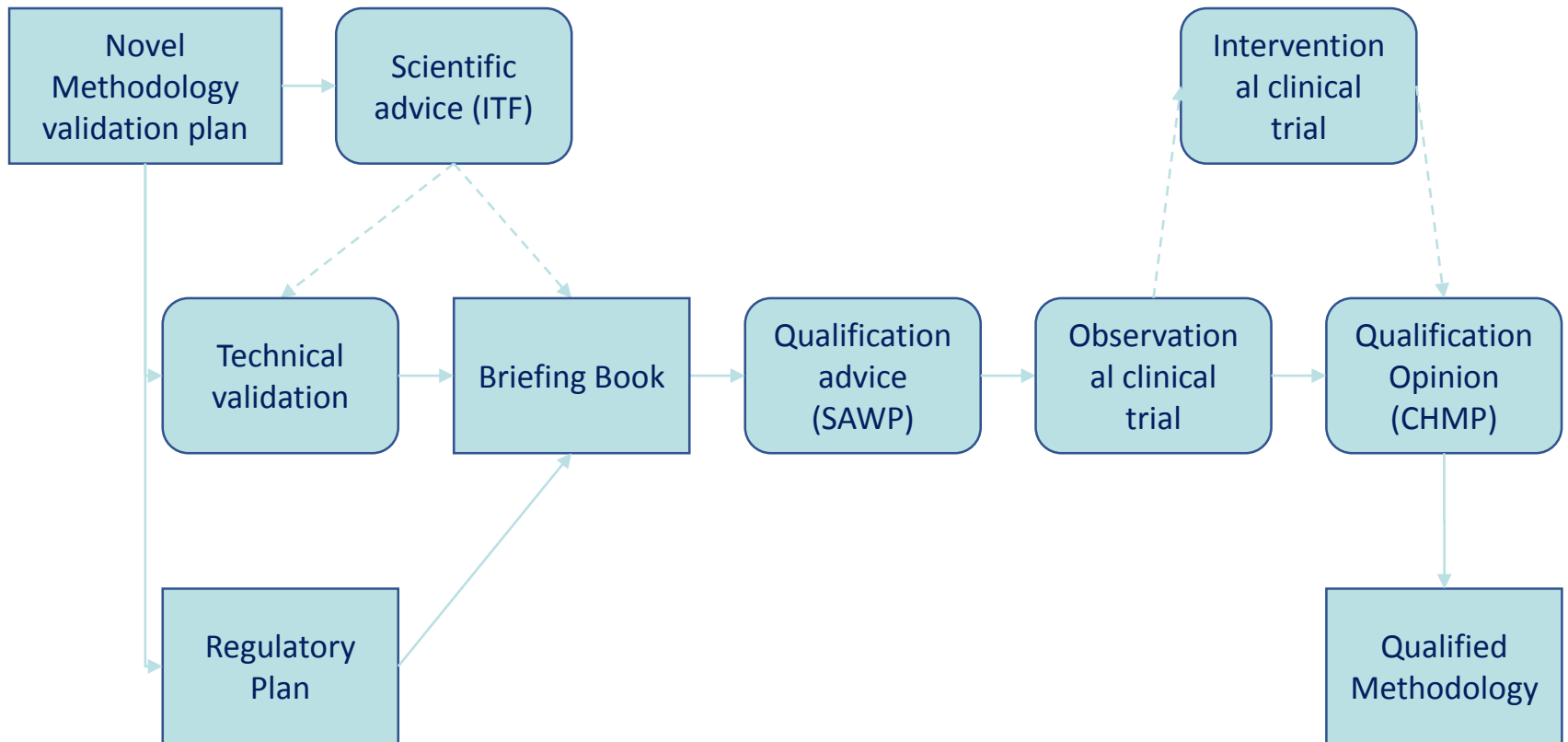


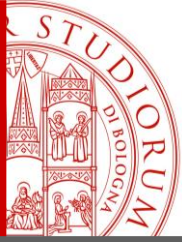
- Advisa SR approved with no clinical
- No clinical required for CRT-D MRI, 3T MRI, and future MRI programs

Credit: CRHF MRI



EMA Qualification process

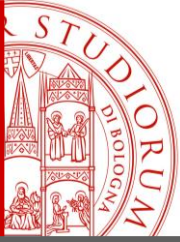




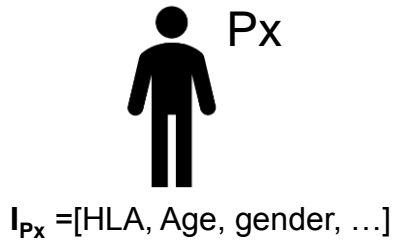
STriTuVaD



- Universal Immune System Simulator (UISS), U. of Catania
- UISS-TB to be used to reduce duration and cohort size of clinical trials of new therapeutic vaccines



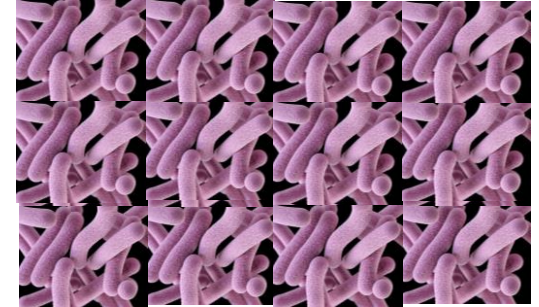
Qualification of UISS-TB /1



t_0

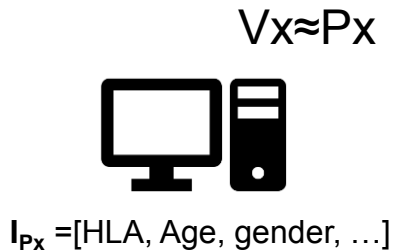


t_1



t_2

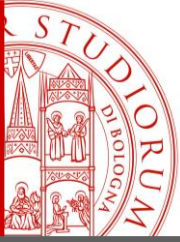
Observed disease progression of P_x



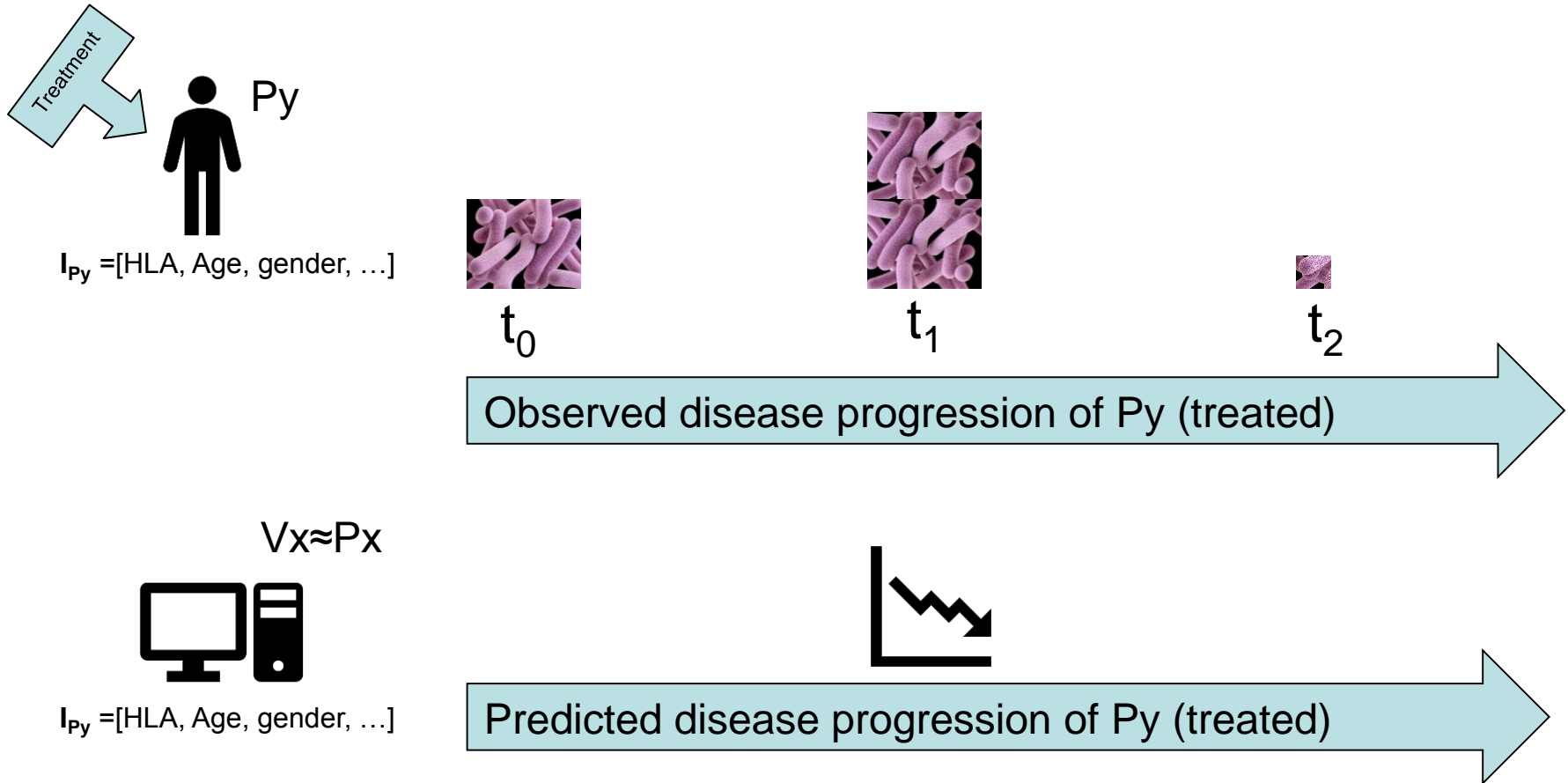
Predicted disease progression of P_x



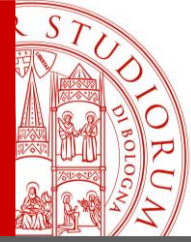
Validated patient-specific model of disease progression



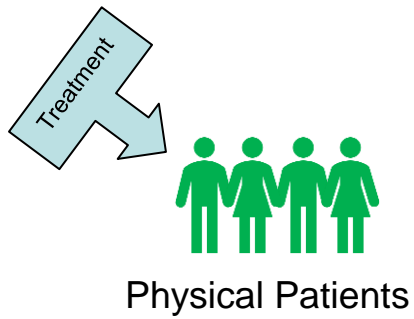
Qualification of UISS-TB /2



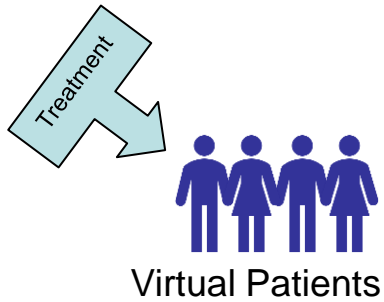
Validated patient-specific model of treatment response



Simplest use: time extrapolation



?
 t_2

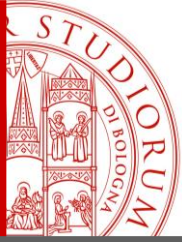



 t_2

Validation

Validation

Prediction



Conclusions

- *In Silico* Medicine should be neutral with respect to the modelling method used (statistical, machine learning, grey-box, mechanistic)
- *Digital Patients* applications have a clear regulatory pathway and starting to appear in the hospitals
- *In Silico* Trials is a reality for medical devices in USA, but still to be demonstrated for drugs
- *In Silico* Medicine will become standard medical technologies such as imaging, with a florid industry behind
- Still, the growth of *In Silico* Medicine will be driven by our ability to develop reliable and accurate predictive models of physiology, disease, and therapeutic processes (Funding!)



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