

Wearables and
Patient Reported
Outcomes in
Research and PostMarket Surveillance

CRT Plenary Meeting 2019 Tallin

04.10.2019 / Dr. Christian Müller



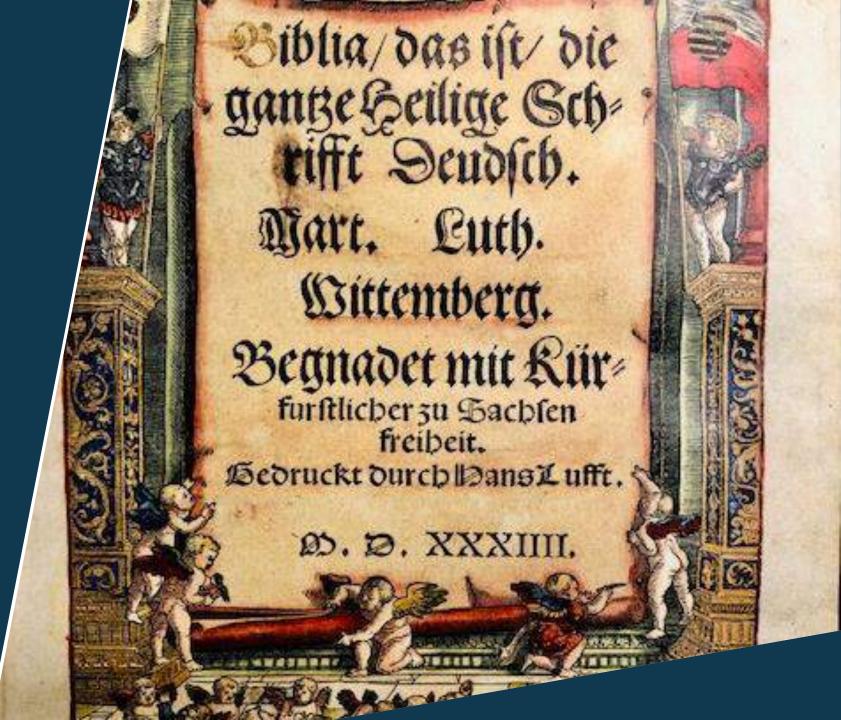


Agenda

- // Digital (Health) Transformation
- // Real World Evidence
- // Breelib, BreeConnect, Ventavis®
- // Ventastep study
- // Evidence Matrix
- // ePRO collection



- Self referring on written words creates own reality
- Radical reduction on character shape
- Social need
- Development of additional technology skill: reading
- Data doubling the world





- Identifies probabilistic patterns in datasets
- Infinity, ubiquitious, loss of control
- Binary coded functional systems in society
 - Economy (payment/ no payment)
 - Politics (power/ no power)
 - Medicine (ill/ healthy)
- Binary code enables endless operational opportunities
- For which problem digitalization is a solution?





Real World Data

electronic health records (EHRs),

claims and billing data,

data from product and disease registries,

patient-generated data including in home-use settings,

data gathered from other sources that can inform on health status, such as mobile devices



Real World Evidence

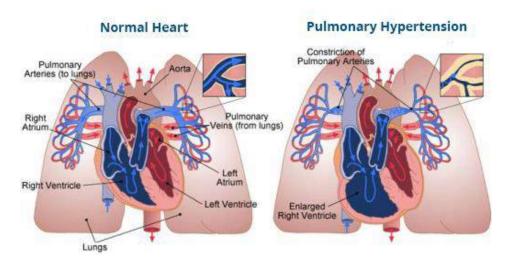
clinical evidence regarding the usage and potential benefits or risks of a medical product derived from analysis of real world data

Digitalization leverages box-stop medicine Real World Evidence



Pulmonary arterial hypertension (PAH) & Ventavis®

- Characterized by endothelial cell proliferation, pulmonary vascular remodeling, culminating in right heart failure and death
 - // Symptoms include: shortness of breath, fatigue, chest pain, syncope, swelling (legs/ankles)
 - // Dual combination therapy: endothelin receptor antagonists (ERA`s) and phosphodiesterase-5 inhibitors (PDE5-i`s) or stimulators of soluble guanylate cyclase (sGC)



- synthetic analogue of prostacyclin PGI2
 - # dilates systemic and pulmonary arterial vascular beds
 - # approval in Sept 2003 for the treatment of PAH NYHA/World Health Organization (WHO) FC III, may be added to dual combination therapy







Date, time and duration of iloprost inhalations are captured continously and displayed to the patient

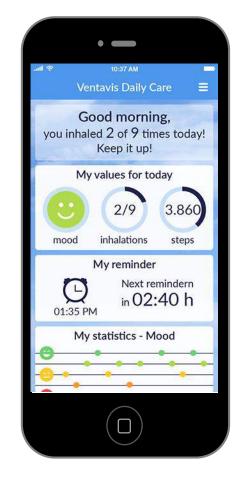
- // Date of inhalation, inhalation time, inhalation frequency, inhalation complete/incomplete
 - // Data is stored for about 9 months of inhalations
 - BreeConnect™ app can be actively connected to Breelib via Bluetooth



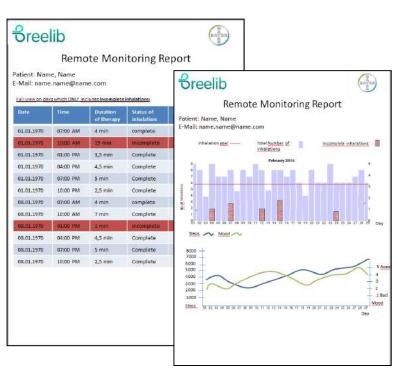








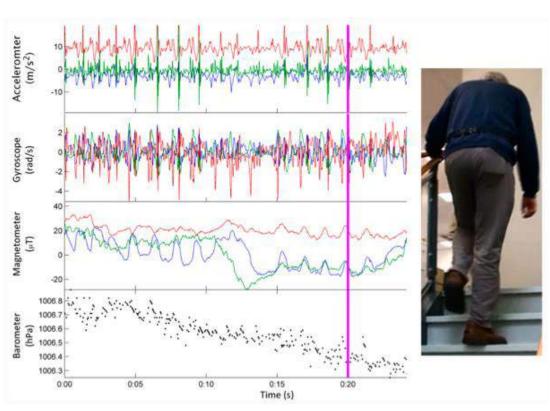






Detection of micromovemet & translation into real life activities by xbird GmbH





Identification of micromovements during real life activities and transfer into study variables



VENTASTEP

Ventavis® (Iloprost): Evaluation of inhaled ilopro**st** effects using the Br**e**elib[™] nebulizer, clinical outcomes and physical activity of patients with advanced **p**ulmonary arterial hypertension.

- // Local, German, prospective, uncontrolled, noninterventional, digital cohort study
 - # 31 Ventavis® treatment naïve patients recruited at 9 sites
 - # 2 observation periods per patient (baseline period; before start of Ventavis® treatment & observational period; 3 months after start of Ventavis® treatment)

JMIR RESEARCH PROTOCOLS

Mueller et al

Protocol

Evaluation of Clinical Outcomes and Simultaneous Digital Tracking of Daily Physical Activity, Heart Rate, and Inhalation Behavior in Patients With Pulmonary Arterial Hypertension Treated With Inhaled Iloprost: Protocol for the Observational VENTASTEP Study

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Abstract

Background: Pulmonary arterial hypertension (PAH)—a progressive, ultimately fatal disease—patients often experience dyspnea, which can limit their daily physical activities. Iloprost is an inhaled therapy for PAH that has shown efficacy in clinical trials. However, clinical trials in PAH have provided only limited data on daily physical activity. Digital monitoring of daily physical activity in PAH is therefore attracting growing interest. To fully understand a patient's response to treatment, monitoring of treatment adherence is also required. The Breelib nebulizer for administration of iloprost saves inhalation data, thus allowing digital monitoring of adherence.

Objective: This study aims to perform parallel digital tracking of daily physical activity parameters, heart rate, and iloprost inhalation data in patients with PAH, before and after starting inhaled iloprost treatment. The primary objective is to investigate correlations between changes in digital measures of daily physical activity and traditional clinical measures. Secondary objectives are to assess iloprost inhalation behavior, the association between daily physical activity measures and time since last inhalation, changes in sleep quality and heart rate, the association of heart rate with daily physical activity measures and iloprost inhalation, and adverse events.

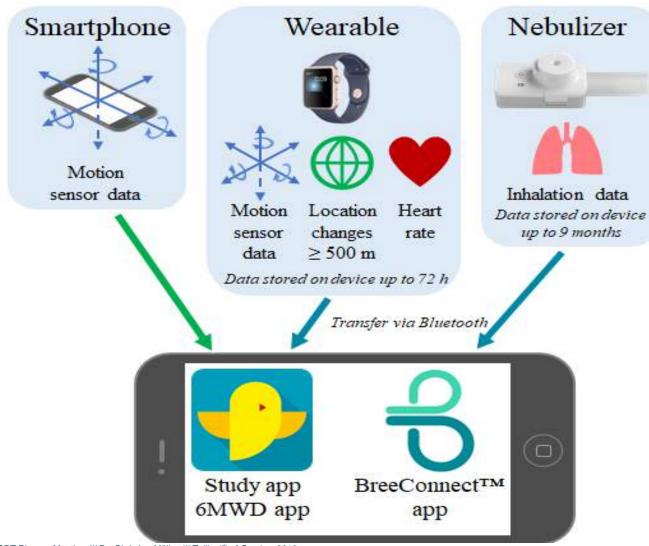
https://www.researchprotocols.org/2019/4/e12144/pdf

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Fusion of classical and digital biomarkers out of 4 data sources



Patient- and investigatorreported outcomes

- 6MWD
- Borg dyspnea
- HRQoL
- WHO FC
- BNP/NT-proBNP
- Sleep quality
- AEs/SAEs



Using wearables in a digital research ecosystems enables identification of relevant digital biomarkers

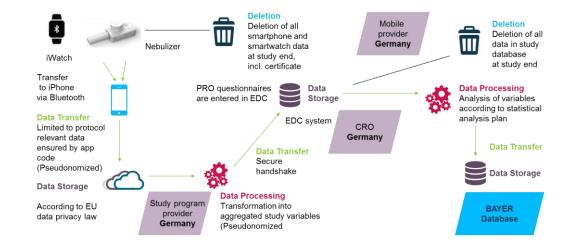


Secure cloud server Data storage and processing

Digital study variables

- Daily physical activity
 - o Distance walked
 - o Number of steps
 - o Number of floors climbed (10 feet)
 - o Number of times standing up
 - o Time spent at home
 - o Number of relevant location changes
 - o Number of times leaving home
- Status distribution:
 - o Active (any activity)
 - o Inactive (sedentary/lying down)
 - Watch not worn

- 6MWD
 - o Number of steps
 - Distance
 - Heart rate
- Heart rate
- · Iloprost inhalation behavior
 - Average number of daily inhalations
 - Average daily proportion of complete/incomplete inhalations
 - Average daily inhalation duration per session



25 MB per patient per day



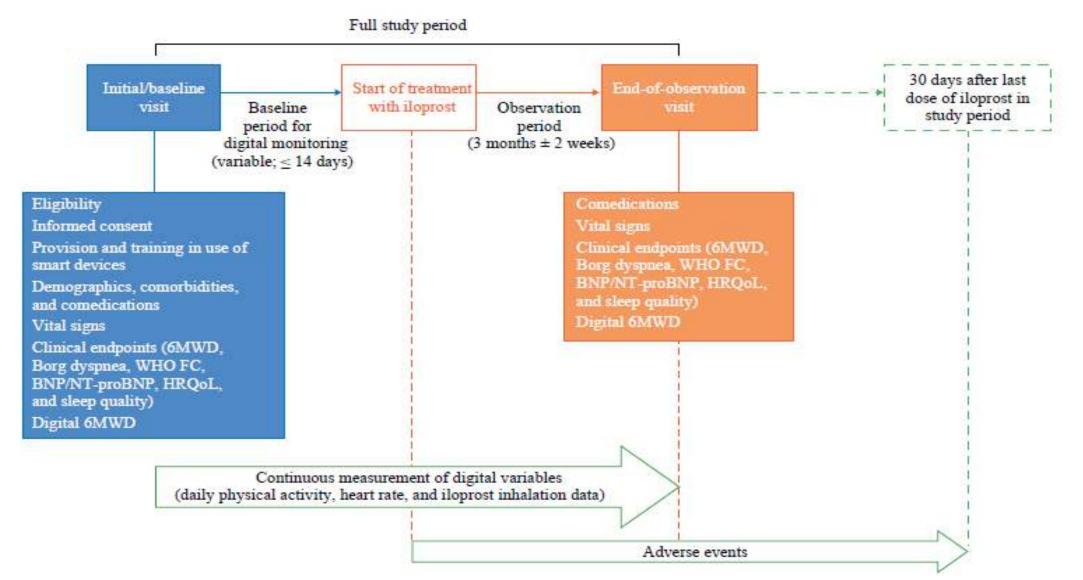


Electronic data capture system of CRO

Analysis of variables according to statistical analysis plan



Study visits & data collection





VENTASTEP objectives

PRIMARY OBJECTIVE:

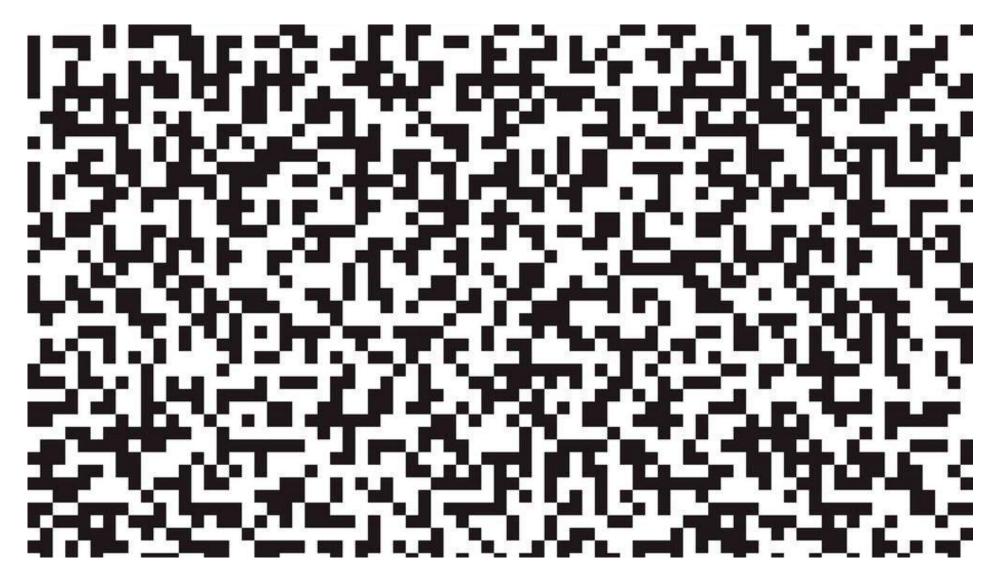
to evaluate the potential use of device-based measures as outcome-surrogates for clinical assessments. This is done by assessing patient-wise correlations between of 3-month/ baseline differences of clinical measures (i.e. 6MWD, QoL, WHO FC and proBNP species) and wearable-based measures (physical activity)

ASSOCIATION BETWEEN CHANGES IN CLINICAL OUTCOME MEASURES AND CHANGES IN DIGITAL OUTCOME MEASURES





From correlation to pattern identification





From correlation to pattern identification

Pearson (Correlation	Statistics ((Fisher-Z-Tra	ansformation)

Variables				
6MWD (investigator)	Borg Dyspnea Scale (investigator)	EQ-5D	WHO-FC	
Borg Dyspnea Scale (investigator)	EQ-5D	WHO-FC	NT-proBNP/BNP	
EQ-5D	WHO-FC	NT-proBNP/BP	Distance walked (device based)	
WHO-FC	NT-proBNP/BNP	Distance walked (device based)	Number of steps (device based)	

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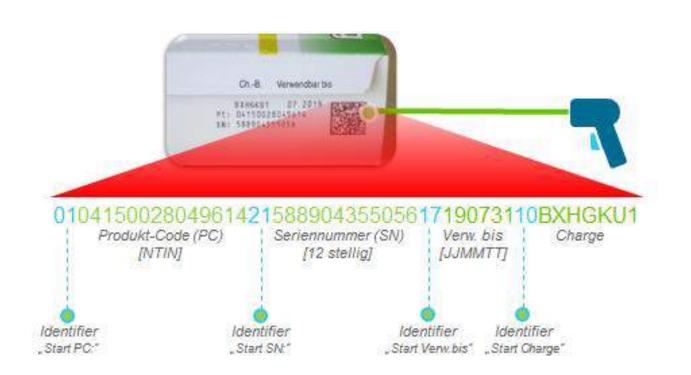
Real world evidence generation in a digital world - using an evidence matrix for primary data collection





Falsified medicines directives 2D Matrix Code can work as patient authentification in remote, patient centric real-world data collection

Outer package is our hardware in the household of patients – just deliver software to collect data



- // Primer
- // Country Code
- // Product Code (PZN)
- // Serial number
- // Expiry date
- // Charge



my ePRO app in a nutshell Download - Scan - Consent - Answer - Compensation



Download my ePRO app from public app store Scan 2D Matrix Code for authentification as BAYER drug taking patient

Consent to PIIC electronically

Answer PRO using validated PROs & additional data sources

Compensation based on time needed for answering PROs

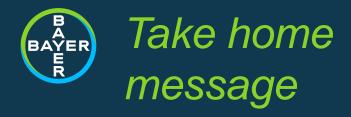












- need for RWE research with digital features
- digital support to identify patterns
- overcome box-stop medicine
- implementation into routine care





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The company assumes no liability whatsoever to update these forward-looking statements or to conform them to future events or developments.



Science for a better life

Thank you!

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