STANFORD BYERS CENTER FOR BIODESIGN

**CELEBRATING 20 YEARS** 



# Neonatal Medical Device Innovation: From Concept to Commercialization

May 31, 2022 Janene H. Fuerch, MD FAAP Clinical Assistant Professor Stanford University School of Medicine

# Agenda

- Describe how we are applying a needs-based innovation process to neonatal health technology innovation and research
- Provide insight into the Biodesign Process and demonstrate case examples
- Share lessons learned on the path of physician entrepreneurship



# Disclosures

Company	Title	Financial COI
Novonate	Consulting Medical Director	Ownership
EMME	Co-Founder Ownershi	
Equalize Health	Advisor	-
Ovarylt	Advisor	Ownership
Keriton	Advisor	Ownership
EmpoHealth	Advisor	Ownership
Avanos	Advisor	Consulting





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# **Translation to Innovation**





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### Industry spends more money to develop health technologies that address<sup>20 YEARS</sup> the *last month of life* than on technologies that *can transform a lifetime*

FDA Medical Device Approval of Pediatrics versus Adults



# A shocking inequity between adult and neonatal devices





Adult Central Line Management

- Protective
- Standardized
- Simple

Neonatal Central Line Management

- Exposed
- Non-standardized
- Ineffective

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# We use medical devices every day, but rarely think about how they got there.







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# Innovation Approaches





# The Biodesign Process







# Stages 1 & 2: Needs Finding & Needs Screening







# Need Statement

A way to [problem] in [population] in order to [outcome]

IDENTIFY





# Need Statement

A way to [problem] in [population] in order to [outcome]

A way to detect harmful overgrowth of gut bacteria in hospitalized neonates receiving enteral feeds in order to prevent progression to surgical necrotizing enterocolitis.

IDENTIFY





# NEC is hard to diagnose early

A breath-based, continuous monitoring device for necrotizing enterocolitis



Diagnosing NEC early saves lives and prevents the need for more specialized care

Impact

 Ruling out NEC allows for optimized patient nutrition and development

Exhaled breath from respiratory support device, delivered to analysis hardware



# Stages 3 & 4: Concept Generation & Screening







# Need Statement

A way to [problem] in [population] in order to [outcome]

A way to protect umbilical catheters in neonates in order to decrease central line malposition and early removal.

INVENT





#### Umbilical Catheter Securement System



Videos @ novonate.com/lifebubble-clinical



FDA registered & Commercially available Supports 3.5 Fr to 5 Fr single and double lumen catheters Can be used on neonates of all birthweights INVENT



# Design Iteration from Testing









**Biological** 











**Nurse Interviews** 



INVENT



Connuential and Proprietary

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# LifeBubble ...



## Umbilical catheter securement device

A New Method of Umbilical Catheter Securement Is Associated With Significantly Lower Rates of Malposition

Authors: Tanya Crabtree Beach MSN RN, Amy Olyaei BS, Brian Scottoline MD. PhD

Characteristic	Adhesive Control (AC) (n = 61)	LifeBubble (LB) (n = 58)	P value
Female	52.4%	41.4%	0.347 ‡
Birth weight, mean (range)	2281 g (1000, 4235)	2471 g (1000, 4830)	0.06 #
Gestational age at birth, mean (range)	32.9 wks (26.3, 40.7)	34.6 wks (26.8, 42.3)	0.132 #
Congenital heart disease	27.8%	46.6%	0.05 ‡
Umbilical catheters, total (UCs)	106	89	
Patients with two umbilical lines	68.9%	53.4%	0.329 ‡
Patients with one umbilical line	31.1%	46.6%	0.124 ‡
Final placement film	95%	88%	0.47 <sup>‡</sup>
Central line associated blood stream infection (CLABSI)	0%	0%	

Outcome Measure	Adhesive Control (AC) (57 UVC, 49 UAC)	LifeBubble (LB) (54 UVC, 35 UAC)	P value
Umbilical line moved more than one vertebral body	52.4%	12%	0.00001 <sup>‡</sup>
UVC movement	44.3%	5.6%	0.0000 <sup>‡</sup>
UVC discontinuation	39.3%	5.6%	0.00008‡
UAC movement	29.5%	11.4%	0.106‡
UAC discontinuation	7.4%	0%	0.20#



 <u>7 X Reduction</u> in early UVC discontinuation due to malposition with LifeBubble INVENT

CONCEPT



4 CONCEPT SCREENING

# Novonate Road Map





Leveraged university and non-profit resources as much as possible to reduce risk and capital requirements



# Stages 5 & 6: Implementation Planning



IMPLEMENT



**NEED STATEMENT:** A way to improve adherence for oral contraceptive pill (OCP) users who are trying to prevent pregnancy to reduce the number of missed pills per cycle.



# **The EMME Experience**



Join

Become an EMME member, get Rx if needed, and become part of a sisterhood



Rx + Case

Get birth control + EMME case by mail, all in one easy starter kit





Арр

Case tracks pills and syncs with app to offer daily personalized reminders and insights



#### **Refills + Telemedicine**

EMME uses data to send perfectly timed monthly refills and enhance telemedicine experience

----->



#### **Positive Outcom**

Connected tracki enables positive outcomes for wom health

4



IMPL



----->







PATENT Attorney Docket No.: 52844-703.201

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Confirmation No.: 3950
Amanda B. French et al.	Examiner: ALIZADA, Omeed
Application No.: 15/950,059	Art Unit: 2684
Filed: April 10, 2018	
For: METHOD AND SYSTEM FOR IMPROVING AND ASSISTING IN MEDICATION COMPLIANCE	PETITION TO REVIVE UNINTENTIONALLY ABANDONED APPLICATION
Customer No.: 21971	

#### Intellectual Property

Patent granted in 2021

#### Regulatory

Class I device Quality system Registered with FDA

#### Reimbursement

Self-pay 
FSA
Insurance coverage

Business Model

> B:C B:B Insurers



PLEMENT



THE BEST INVENTIONS OF 2021

#### ← BACK TO HOME



## Never Miss a Dose

## Emme Smart Birth Control System



IMPLEMENT



# Successful Pediatric Devices

An emerging track record of venture capital backed companies and acquisitions

#### **Clinical Needs**



Inadequate protection of neonatal \_ central lines



**Companies** 



Umbilical Catheter Protection Raised \$1M, Commercially available, Acquisition talks

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Unwanted pregnancies while on OCPs

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CELEBRATING 20 YEARS

Managing Life on the Pill Raised \$3.5M, Commercially available



#### STANFORD BYERS CENTER FOR Unique Challenges in Pediatrics BIODESIGN **CELEBRATING 20 YEARS Orphan** indication • Growth □ small market size Subpopulations • Smaller scale ☐ few institutional Discomfort tolerability investors Engineering Funding **Ethics** Regulatory • Burden of evidence Potential to harm for FDA approval Inability to self-• Life-long injury risk advocate

## Vision



To be a global leader in pediatric heath technology innovation to improve lives everywhere

## Solution

*Incubate promising technologies* to develop translatable health technologies for children



## Pediatric Health Technology Program Stanford Biodesign - 2021 Recap

#### **Device Classifications** 12% Class | 30% Class II Class III/ 58% HDE



\$400,000 awarded with UCSF to 10 pitch winners



Over \$75,000 granted to 6 projects following coaching



Policy initiative launched to address development barriers



**33 pediatric innovations** 

supported across industry & academia in 2021

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BI

DESIGN

**Project Phases** 



Stanford PHTP projects from 2019 - 2021 have:



Impacted over 18,100 patients



Raised \$41.6M through grants, venture and angel investments

Stanford Children's Health

Lucile Packard Children's Hospital Stanford



# Accelerator Pitch Competition – JOIN US!

## UCSF-STANFORD Pediatric Device Consortium

Pediatric Device Accelerator Pitch Competition 2021 \$400,000 in funding available for your device projects!



## October 7, 2022

- 10-12 teams competing for \$400,000 in grant funding
- Grand Prize \$100,000
- 2022 Winner: Radiant Oximetry
- 2021 Winner: Novonate
- *2020 Winner:* Eclipse Regenesis to treat Short Bowel Syndrome

www.PediatricDeviceConsortium.org



# Some Alternative Careers

- Academic research
- Scientist translating technologies
- Industry trials
- Biotech / Medtech
- Angel investing / Venture capital
- Consultant
- Advisor





# Interested and want to learn more?

## Contact: jfuerch@stanford.edu





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NE Maternal & Child Health Research Institute

Creating Your Biotech Startup Entrepreneurship and Innovation in Medicine May 31 2022

> C. Vivek Lal, MD, FAAP Associate Professor Director, Lung Microbiome Lab University of Alabama at Birmingham, AL

Founder, Biostack Ventures ResBiotic, Inc. and Alveolus Bio, Inc.







### What is Innovation





Innovation is the process of doing something <u>new</u>, <u>different</u>, <u>smarter</u> or <u>better</u> that will make a <u>positive impact</u>

## The My Why ?



IS I

UTSouthwestern Medical Center



Why Research Track Faculty Appointment ?

Why Medical School?

Why Residency Training?

Why Fellowship Training?



Why Academic Entrepreneurship & Innovation ? Impact in Healthcare

## Basic Foundations: Introduction to Research in Lung Biology

#### UT Southwestern Medical Center





B Philip Shaul, MD

Birth Defects Research Part A Teratology

#### **Research Article**

Vascular mediators in chronic lung disease of infancy: Role of endothelial monocyte activating polypeptide II (EMAP II)

Charitharth Vivek Lal, Margaret A. Schwarz 🕿

#### American Journal of Respiratory Cell and Molecular Biology

Home > American Journal of Respiratory Cell and Molecular Biology > List of Issues > Volume 55, Issue 4

#### Endothelial Monocyte-Activating Polypeptide II Mediates Macrophage Migration in the Development of Hyperoxia-Induced Lung Disease of Prematurity

Daniel D. Lee <sup>1</sup>\*, Charitharth V. Lal <sup>2,3</sup>\*, Elizabeth A. Persad <sup>3</sup>, Chinn-Woan Lowe <sup>1</sup>, Anna M. Schwarz <sup>3</sup>, Niranjan Awasthi <sup>4</sup>, Roderich E. Schwarz <sup>4,5</sup>, and Margaret A. Schwarz <sup>1</sup>. + Author Affiliations

## Novel Foundations: Systems Biology Approach; Introduction to OMICS





Namasivayam Ambalavanan, MD

#### Creating Your Niche: Microbiome of Lung Diseases Started Pulmonary Microbiome Lab at UAB









Ed Blalock, PhD



Amit Gaggar, MD, PhD



Namasivayam Ambalavanan, MD

Observations From the Bedside: Infant Airway Microbiome Study; 2014-15

- Prospective cohort study of all intubated preterm infants (<28 weeks) gestation and full-term infants (37 weeks)
- Tracheal aspirates (TA) <u>at birth (or within 6 hrs)</u> and various time points were collected
- Discovery cohort, and a Validation cohort (total n=150)
- 16s rRNA microbiome analysis

*Lal CV et al.* The Airway Microbiome at Birth. Sci Rep. 2016

## Distinct Microbiome Signature in Infants with Severe BPD



Lal CV et al. The Airway Microbiome at Birth. Sci Rep. 2016

## From Bedside to Bench; 2015-2019

A



Kalsang Dolma, MD



Sam Gentle, MD



Gabriel Rezonzew, MD







Tracheal Aspirates



в



Teodora Nicola, MD.

Phd

Trent Tipple, MD

Rakesh Patel, MD

Kent Willis, MD

\*Delaved publication due to IP reasons

Dolma et al. AJP Lung Lal et al., JCI Insight Genchmer et al., Cell Freeman et al., Resp Research \*Freeman et al. in revisions \*Nicola et al. in submission \*Wenger et al. in submission \*Qiao et al, in submission \*Rezonzew et al. in submission

## Back to Bedside - Birth of Biotech Startups; 2020-21

# Alve@lus<sup>m</sup>

# **ResBiotic**<sup>™</sup>

#### BILL L. HARBERT INSTITUTE FOR INNOVATION AND ENTREPRENEURSHIP

The University of Alabama at Birmingham

## Why Start a Company?

#### Fill Market Need

Potential for Societal Impact and Helping Others Financial Returns

Organization Inventor Management

## Challenges in Academic Entrepreneurship

Information and Cultural Barriers Between Academics and Industry Inadequate Organizational Resources esp. in Tech Transfer Offices

Inadequate Training for Faculty in Entrepreneurial Process Traditionally Insufficient Reward for Faculty Entrepreneurial Activity

Conflict of Interest & External Activities

Conflict of Commitment

State Laws

## Indicators of Performance

**Traditional Academics** 

Quality of Clinical Care Clinical Revenue Patient Advocacy Education Research Manuscripts Extramural Research Funding Leadership Mentoring Entrepreneurial Academics

All Traditional Academic Metrics, plus:

Invention Disclosures Patents No. of Licensing Agreements Licensing/IP Revenue Startup Formation Startup Survival Employment Growth

## The Startup Innovation Roadmap

**DIANE** BILL L. HARBERT INSTITUTE FOR INNOVATION AND ENTREPRENEURSHIP The University of Alabama at Birmingham

#### **8 PURSUE FUNDING**

accelerate growth through capital investments and grant funding

#### 7 BUILD A TEAM

assemble an experienced and dynamic management team

#### **6 CREATE A BUSINESS ENTITY**

obtain legal counsel to determine the business structure

5 OBTAIN EOC APPROVAL key university leadership will

review the development plan

**3 HARNESS THE ECOSYSTEM** 

tap into entrepreneurial training, mentorship and funding opportunities

#### **1 HAVE AN IDEA?**

commercialization starts with innovation

#### **4 BUILD A BUSINESS PLAN**

outline your strategy for managing and growing the new venture

#### **2 DISCLOSE NEW IP**

licensing experts will explore IP protection and commercial viability

## The Key Ingredients (to get started...)





## Drug Discovery Timeline



Adapted from The Intercept

## Critical Steps After Academic Discovery

#### **API/Drug Product Definition**

Repeat the Efficacy Study Active Substance Analysis (Secretome Analysis) General Mechanism of Action Studies

#### Chemistrry, Manufacturing and Controls (CMC)

API Process Development & Representative Batch for Preclinical Get Drug Product Vendor in Place Drug Product Development & Representative Batch for Preclinical Get Analytical Vendor in Place (if not same as API or DP vendor) Analytical Method Development API Characterization & Stability Product Characterization & Stability GMP API mfg, release & stability GMP Product mfg, release & stability GMP Product Labeling and Distribution to Site COGS analysis

#### Preclinical Studies

Get Bioanalytical Vendor in Place Bioanalytical Method Development Determine Required Pharmacology Studies - May need more than 1 animal model Get Preclinical Vendor in Place (if not same as Bioanalytical vendor) Repeated Dose analysis, recovery + Biodistribution? Biodistribution (e.g. lung, mouth, sinus, gut, eyes + Required Organs) GLP Bioanalytical Method Qualification GLP Single Dose Ranging Toxicology GLP Repeated Dose Toxicology (+ Opthalm & Recovery) GLP Single Dose Resp Safety Pharmacology

#### **Clinical Strategy**

Assay Development and Validation Identifying Phase 1 to Phase 3 Studies that would be conducted Identifying detauls of end points, patient populations Identifying dose selection, timelines, developmental costs Detailed protocols

#### Regulatory

Get Regulatory Vendor in Place Notify FDA Division PM of intent to submit Pre-IND Request Submit Pre-IND Request Letter Prepare Pre-IND Briefing Package (start as early as feasible) Submit Pre-IND Briefing Package Pre-IND "Meeting" (may just be written comments from FDA) Pre-IND Sponsor repsonse to FDA comments Pre-IND Final Meeting Minutes from FDA Prepare IND Submit IND FDA Study May Proceed / Hold

## Global Respiratory Disease Market Over \$100B

#### 15.7M Americans suffer from COPD.

6.2M Americans suffer from late-stage, high exacerbating COPD

65M COPD patients globally and rising

Viral illnesses are pervasive and have long-term costs beyond initial treatment.

~2M influenza illnesses/year in US

430M COVID cases globally and rising

Bronchopulmonary Dysplasia: 10-15k patients per year



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## A High Growth Opportunity: Everyday Lung Health





#### **Relief Seekers**

- >70M People (US)
- ~ 24M Americans are living with COPD<sup>1</sup>
- ~ 25M Americans are living with Asthma<sup>2</sup>
- ~ 24M Americans experience allergic rhinitis (hay fever)<sup>3</sup>

#### >150M People (US)

- ~ 135M Americans live in an area where monitors that are capturing unhealthy levels of ozone or particle pollution<sup>4</sup>
- ~ **50M** Americans experienced dangerous air quality in 2020 due to wildfires alone<sup>5</sup>



#### **Athletic Optimizers**

- >80M People (US)
- ~ 60M Americans participate in running and jogging<sup>6</sup>
- ~27M Americans swim for fitness<sup>7</sup>



#### The Healthy-ish

- >50M People (US)
- ~ 8.1M Americans use ecigarettes<sup>8</sup>
- ~ **48M** Used marijuana at least once in 2019<sup>9</sup>

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#### A Whole New Class of Probiotics

Developed by leading physician scientists

Disrupting a brand-focused industry with a clinically validated solution

Based on over a decade of research at major research universities

Supported by a team of internationally renowned scientists and advisors

Empowering a growing market of consumers with a simple and sciencebacked approach to everyday lung health

— *Bioactive botanicals* Vasaka, Turmeric, and Holy Basil



Clinically studied probiotic strains

In the

www.resbiotic.com



## Flagship Formula

for Digestion, Immune Function, & Respiratory Health

- Unique, proprietary formula •
- Ingredients backed by 100+ clinical studies •
- Clinically studied product in healthy adults, ٠ adults with asthma, and smokers (publication pending)
- Stable at room temperature
- Third party tested •

# *Launching* resB<sup>TM</sup> Lung Support



## **Alveolus Core Team**





#### **C. Vivek Lal MBBS, MD, FAAP** Chief Executive Officer, Founder *ICU physician, lung microbiome expert, serial entrepreneur*





Andrew O' Connor MS, MBA Chief Operating Officer Respiratory particle engineer, VC at Morningside Ventures, In-Q-Tel B.Next





**Amit Gaggar MD, PhD** Chief Medical Officer *Pulmonologist, cystic fibrosis and COPD expert* 





#### Teodora Nicola MD, PhD, MBA Lead Scientist

Lung molecular biologist, lung & cancer disease model expert, 20 years of research management





**Winston Gu PhD, MBA** Senior Scientist *In vitro mechanistic expert with microbiology and translational science expertise* 

## **ResBiotic Core Team**



Dr. Vivek Lal Chief Executive Officer

UTSouthwestern Medical Center





Chief of Staff
WELLESLEY

Nina Rance

TLANTIC O R I G I N



VENTURE PACK

e

**Maggie Belshé** Chief Customer Officer

BARNARD

BARNARD COLLEGE - COLUMBIA UNIVERSITY





Dr. Amit Gaggar\* Chief Medical Officer





Scott Bush\* EVP, Strategy

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## Advisory Board

## Partnerships











Art Tipton, PhD

Advisor - Strategy

Vulcan Gray



Namasiyayam Ambalayanan, MD Scientific Advisor – Pediatric Lung Diseases Professor of Pediatrics, UAB

ULCAN GRAY



NATIONAL ACADEMI



Kent Willis, MD, FAAP Scientific Advisor – Gut-lung axis Assistant Professor, UAB



Marta New, PhD, MBA Advisor – Drug Development CEO, Radyus Research



SR

RESEARCH

John Patton, PhD Advisor - CMC. Particle Design









Ron Wolff, PhD Advisor - Respiratory Toxicology. Pharmacology



James 'Mike' Wells, MD, MSPH Medical Advisor - Professor, Dept. of Medicine - Pulmonary Critical Care & Allergy, UAB





Casev Morrow, PhD Scientific Advisor - Professor Emeritus Dept of Cell, Developmental, & Integrative Biology, UAB



Melanie Hartsough, PhD Advisor - Regulatory, Pre-clinical



Rakesh Patel, PhD Advisor - Inflammation, Pulmonary Hypertension: Vice Chair, Research - UAB





Pharmabiotic Research Institute .....

Other members:

Other members:



Johnson Johnson















## Interested in Learning More ?

## C. Vivek Lal clal@uabmc.edu