AN AUDIENCE WITH…

Keith Blundy


CRUK

The non-profit Cancer Research UK (CRUK) funds over £300 million worth of cancer research each year and, with the help of its development and commercialization arm Cancer Research Technology (CRT), has moved more than 30 partnered agents into preclinical and clinical development. Having established a small-molecule track record, CRUK now needs to build up more biologic know-how, says CRT Chief Executive Officer Keith Blundy. To this end, CRUK and AstraZeneca's antibody subsidiary, MedImmune, agreed in September to launch the joint CRUK–MEDI Alliance Laboratory. This fully collaborative and integrated partnership is a first of its kind, Blundy tells **Asher Mullard**.

Why did you launch this new partnership?

The genesis of this, as with everything that Cancer Research Technology (CRT) does, is part of a bigger Cancer Research UK (CRUK) strategy. CRUK has just published a new research strategy — with a long-term vision of increasing patient survival — and part of that is of course to be involved in the generation of new therapies. We historically have funded, and still continue to fund, a lot of basic biology, which we can exploit through all therapeutic modalities. And we have at our disposal a lot of expertise in small-molecule drug discovery. What we haven't had very much of is the capability to discover biologics. So biological therapies are a major priority in CRUK's new research strategy.

Collaborations that unite leading researchers together with the latest technology platforms are a fundamental part of this strategy. Other than the basic hybridoma technology, which is open to all, getting access to the most cutting-edge new antibody platforms has been only possible through small-scale collaborations with companies. Now that companies are opening up to greater academic collaborations to access biology, we can fulfil our needs and theirs through this type of broader partnership. MedImmune was an obvious partner for us to consider doing something with. This CRUK–MEDI Alliance Laboratory is not necessarily the only avenue we will pursue though.

How will it work?

We see this as quite a novel model in that we are creating a joint laboratory. Both organizations will contribute resources to establish the CRUK–MEDI Alliance Laboratory, a joint antibody discovery and development facility that will be located in Cambridge, UK. MedImmune will contribute two staff members (including one lab head), its phage-display proprietary technology, and discovery and development expertise. CRUK will provide the physical facilities and equipment and will contribute a portfolio of novel drug targets along with a team of up to a dozen scientists. And we'll work side by side. This will be a new laboratory, and will have joint projects, joint staffing, joint governance and joint oversight and decision-making. We may occasionally run CRUK-only projects as well.

There are lots of collaborations where people do stuff in one place and then hand it to the other place, and there are places where industrial scientists are co-located with academic scientists. But I'm not aware of anyone else as yet doing exactly this, where partners have chosen to build a joint facility and manage it jointly.

Our aim will be primarily to develop therapeutics, but we also expect to do projects to create tool compounds that can be used to validate targets, to help us to understand the biology better, and possibly even to serve as diagnostics.

How much work are you doing on diagnostics?

One of our big drivers is early diagnosis. We realize that it isn't something we are going to do on our own, and that we are going to need industry and lots of smart scientists to crack this one. But we have launched some early-diagnosis consortia and partnered with Abcodia to work on this as well.

The early-diagnosis piece is really important because many of our therapies will become more effective if we can just diagnose cancer earlier. I wouldn't say the community has forgotten about this, but we haven't put nearly as much effort into it historically as we have into creating more and more agents.

There has been quite a lot of money spent searching for new markers of disease, but what has been lacking is analysis of collections of clinical samples that go back far enough. People are always looking for disease markers in patients who have already been diagnosed with cancer. But there is no telling whether what you find is going to be useful as a marker earlier on in disease progression. That is the sort of thing we are aiming to do.

What else is changing at CRT?

If we jump back to small-molecule drug discovery, at CRT our strategy has been to focus on multitarget biologic alliances with industry as a means to take biology forward. We currently have three of those in place: one with Forma, working on deubiquitinating enzymes; one with Teva, working on the DNA-damage response; and one with AstraZeneca, working on cancer metabolism. We see these multitarget, biologically themed alliances with industry as a powerful way to do drug discovery — combining the best of academic knowledge and industry muscle. And we see ourselves as pursuing drug discovery in a focused way like a biotech, but with access to a much broader portfolio of intellectual property and opinion leaders and clinical investigators, which gives us our competitive edge. Consequently, we are now trying to transform the way we build those deals, to make them less academic and more like biotech deals. Having shown the world that we can do this work, and that people come to us to do it, we are changing the way we look at these deals financially. We want to get more coverage for our costs, rather than accepting a fully risk-sharing set-up.

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