

# Clinical Investigation and Biomarker Discovery in Early Drug Development for Allergic Dermatitis

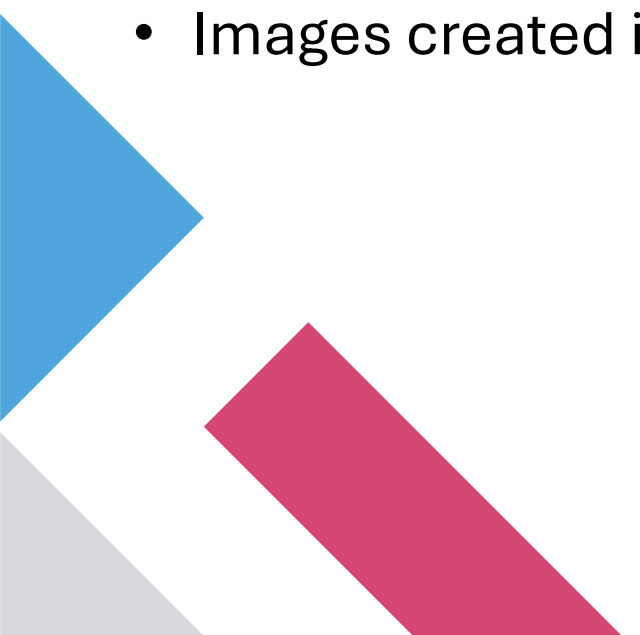
Nikki M. Thellman DVM, PhD

Part 1:  
Introduction to  
Biomarkers and  
Molecular Advancements



# Disclosures

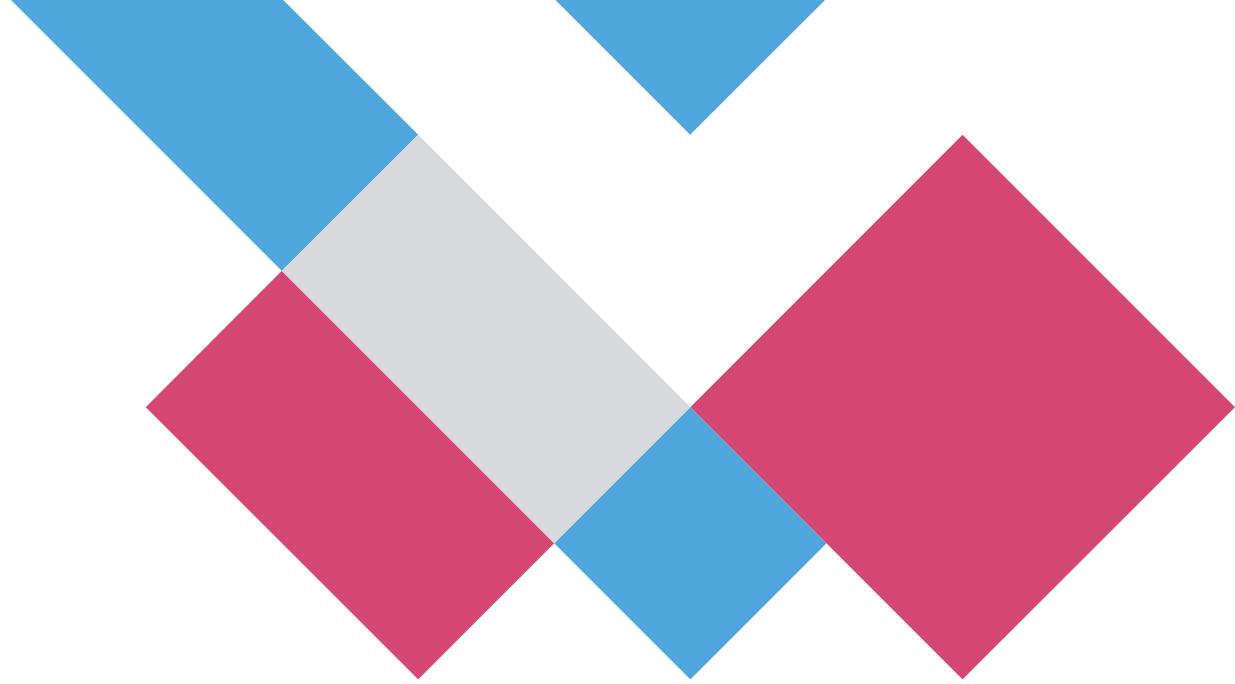
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- I work for Zoetis Inc.
  - Content of this lecture reflects my own personal opinions
  - Images created in BioRender.com are noted
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# Outline

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- What is a Biomarker?
- Advancements in Molecular Techniques
- Introduce the “BEST Definitions”
- Clinical Utility and Application
- Q & A



# What is a Biomarker?

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- Shortened from “**Biological Marker**” (1950’s)
- Biomarkers are objective, quantifiable **medical signs** that modern science allows us to measure reproducibly.
- According to the FDA, biomarkers are **essential tools** in personalized medicine and drug development.
- “Any substance, structure, or process that can be **measured** in the body or its products and influence or predict the incidence of outcome or disease” (WHO – joint venture on chemical safety)

## 1998 NIH-FDA Biomarkers Definitions Working Group:

A **defined characteristic** that is objectively **measured** and evaluated as an indicator of normal biological processes, pathogenic processes, or responses to an exposure or intervention, including therapeutic interventions.

# Contrast “Biomarker” with “Clinical Endpoint”

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- Clinical endpoints define a characteristic or variable that reflects how a patient “feels,” functions, or survives.
- Clinical endpoints help researchers evaluate the success of novel treatments and guide regulatory decisions and drug label claims.
- Some examples include:
  - Overall survival (OS) – time between treatment and death from any cause
  - Progression-Free Survival (PFS) – length of time during and after treatment that a patient lives without the disease worsening
  - Reduction in Clinical Signs (symptoms) – assessing improvements in itching or skin lesions in dermatology cases

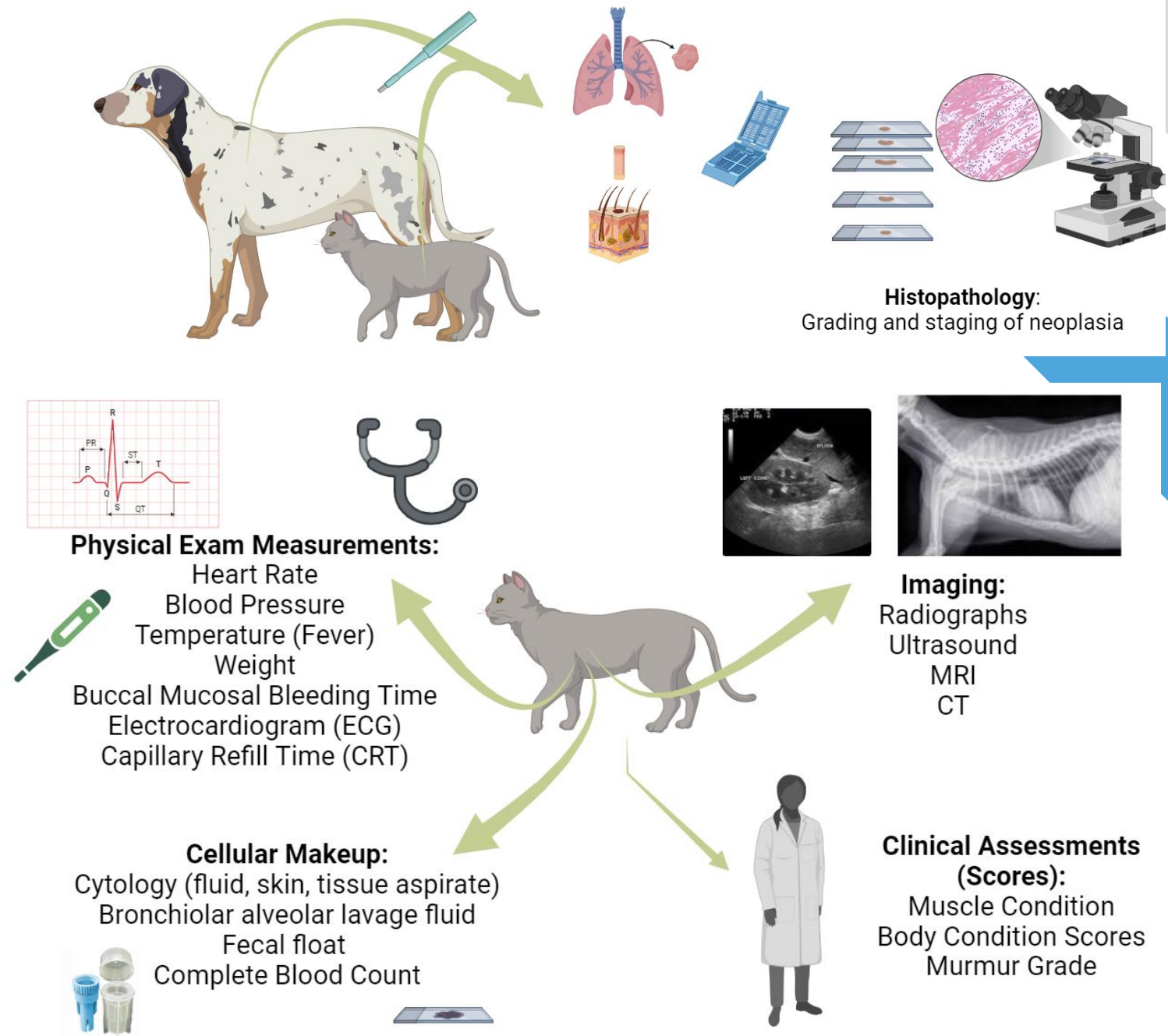
A **clinical endpoint** is a measurable outcome used to assess the **effectiveness** of safety and treatment in a clinical trial.

# Practical Biomarkers

Biomarkers are broadly applicable to the animal health industry, just as they are to human medicine.

Practical biomarkers encompass a wide range of evaluations and include **physiological**, **radiographic**, and **histological** measurements - performed daily in veterinary clinics around the world.

Biomarkers are a subcategory of medical signs, which are detected and measured through different tests or procedures:

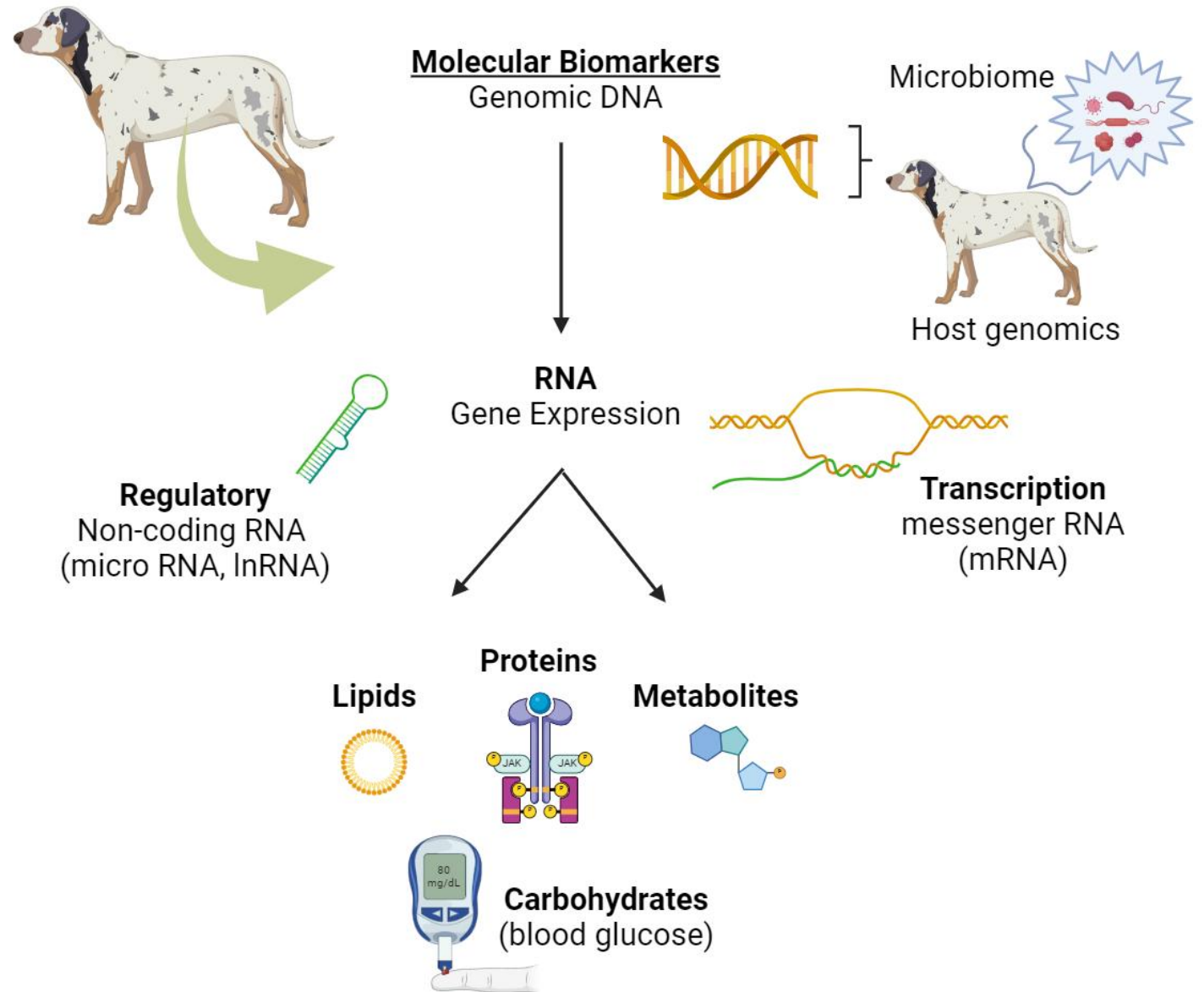


# Molecular Biomarkers

The most obvious example of molecular biomarkers in Veterinary Medicine come from standard Clinical Pathology Labs:

- Complete Blood Counts (CBC)
- Comprehensive Chemistry
- Urinalysis
- Serological Titers

With advancements in molecular biology, we can evaluate more than circulating cells or proteins.



# **Advancements in Molecular Techniques**

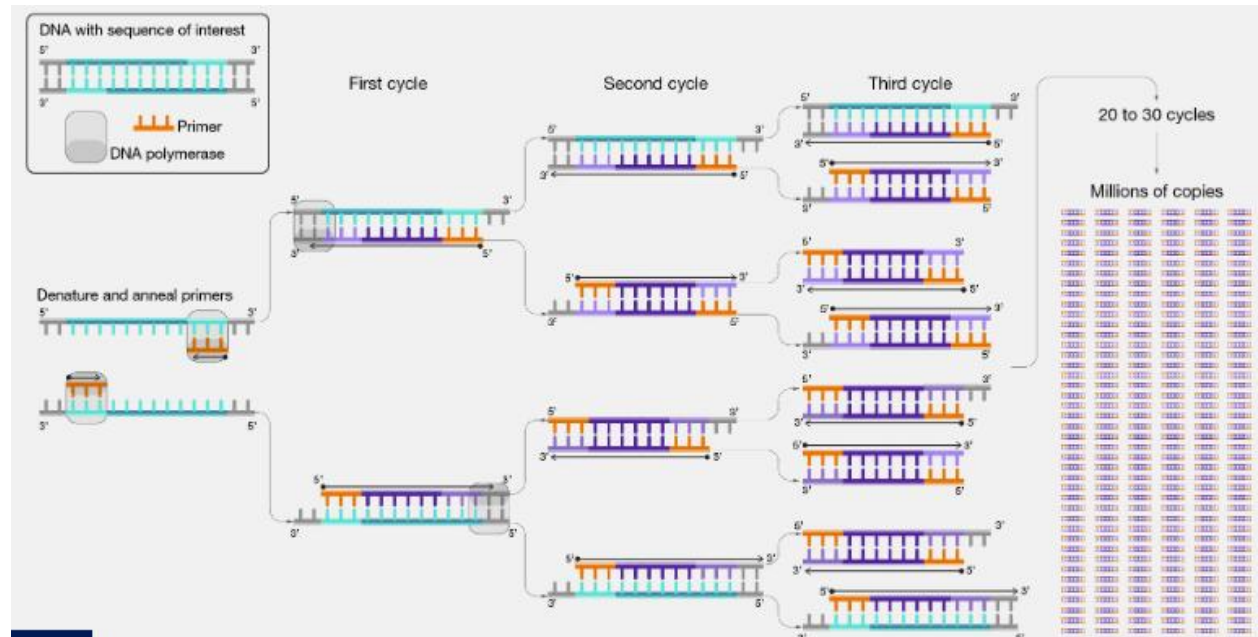


# Advancements in Molecular Techniques: PCR



**Polymerase chain reaction (PCR)**, is a laboratory technique for rapidly amplifying millions to billions of copies of a **specific segment** of nucleic acid, **DNA or RNA**.

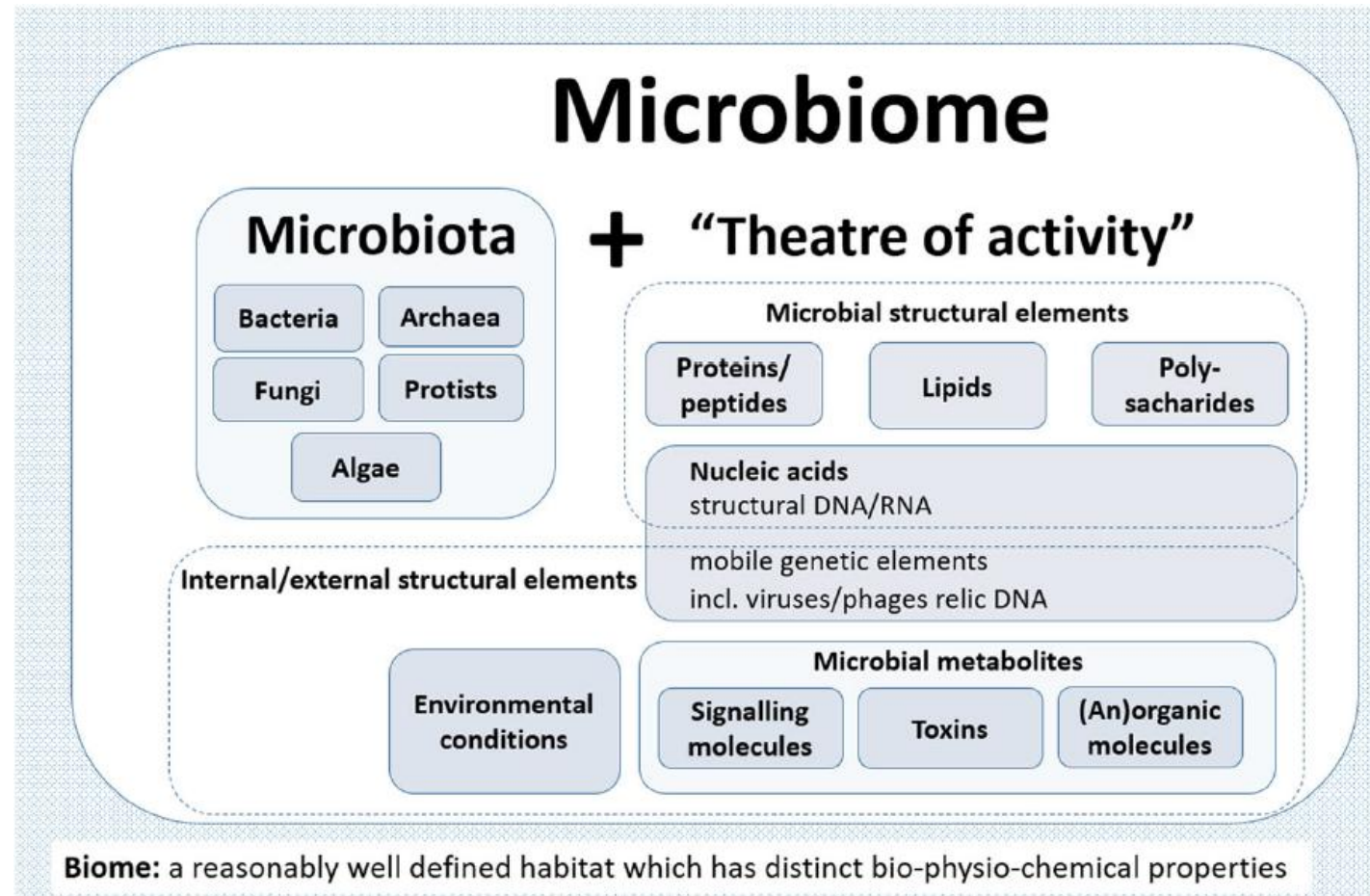
- PCR involves using short synthetic DNA fragments called primers to select a segment of the genome to be amplified, and then multiple rounds of DNA synthesis to amplify that segment.



- Viruses with **RNA** as genomic material, first have a step that **converts RNA into DNA** before amplification. This is called reverse transcription PCR (rtPCR).

# Advancements in Molecular Techniques: Microbiome

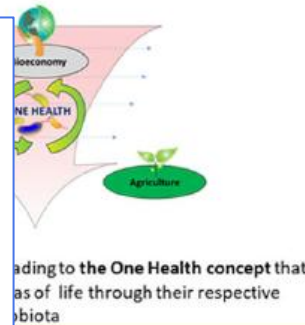
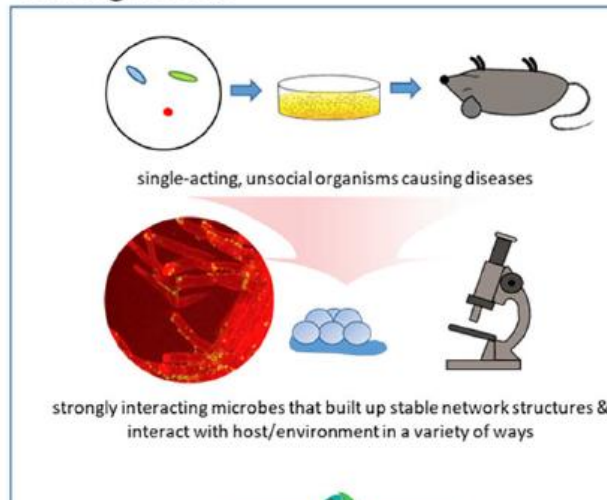
Defined as the characteristic **microbial community** occupying a reasonable well-defined habitat which has distinct physio-chemical properties.



# Advancements in Molecular Techniques: Microbiome

Shift of the paradigm from microbes as unsocial organisms causing diseases to the holistic view of microorganisms

## Paradigm shifts



## Method Innovations

- 1670 Microscopy
- 1857 cultivation based approaches
- 1911 fluorescence microscopy
- 1911 mass spectrometry
- 1931-38 electron & scanning-transmission microscopy
- 1969 *in situ* Hybridization
- 1970s HPLC
- 1975 DNA array/colony hybridization
- 1977 Sanger sequencing and molecular fingerprinting
- 1983 PCR technique
- 1988 fluorescence-*in situ*-hybridization
- 1993 quantitative real-time PCR
- 1995 full-cycle rRNA approach
- 2005 next-generation sequencing
- 2008/9 third-generation sequencing

## Important Discoveries

- 1670 discovery of microorganisms (Anthony van Leuwenhook "Father of Microbiology")
- 1729 classification of plants and fungi (Pier Antonio Micheli)
- 1796 first vaccination (Edward Jenner)
- 1837 yeast in alcoholic fermentation (Charles C. de la Tour, Friedrich T. Kützing and Theodor Schwann)
- 1857-1855 Pasterisation, fermentation, vaccine against rabies (Louis Pasteur)
- 1875 foundation for bacteriological taxonomy (Ferdinand Cohn)
- 1884 Robert Kochs' postulates
- 1888-begin of microbial ecology by Sergei Winogradsky (nitrification, nitrogen-fixation, soil microbiology, cycle-of-life)
- 1892 tobacco-mosaik-virus extraction from leaves (Dmitri I. Ivanovski and Martinus Beijerinck)
- 1922 chemolithotrophy (Sergei Winogradsky)
- 1904 the rhizosphere concept (Lorenz Hiltner)
- 1928 transformation of the genetic information to their offsprings (Frederick Griffith)
- 1928 discovery of antibiotics (Alexander Fleming)
- 1944 DNA as carrier of genetic information (Oswald Avery, Colin MacLeod, Maclyn McCarty)
- 1946 'sexual reproduction' of bacteria (Joshua Lederberg and Edward Tatum)
- 1953 3D-double-helix structure (James Watson and Francis Crick)
- 1970 central dogma of molecular biology (Francis Crick)
- 1977 discovery of Archaea (Carl Woese and George E. Fox) and first full genome sequence of a virus
- 1982 discovery of prions (Stanley B. Prusiner)
- 1991 theory of the holobiont (Eugene Rosenberg and Ilana Zilber-Rosenberg)
- 1993 discovery of the complex structures of biofilms (Hans-Curt Flemming)
- 1995 first Genome of *Haemophilus influenzae* (John C. Venter and colleagues)
- 2005 HMP: Human Microbiome Project
- 2008 TerraGenome: Reference Soil Metagenome Project
- 2010 EarthMicrobiomeProject

17th century

21th century

As we begin to understand the differences in the microbiome in a diseased state compared to healthy...

...we begin to understand whether dysbiosis (or loss of diversity) is a contributor or consequence of disease.

# Advancements in Molecular Techniques: RNA

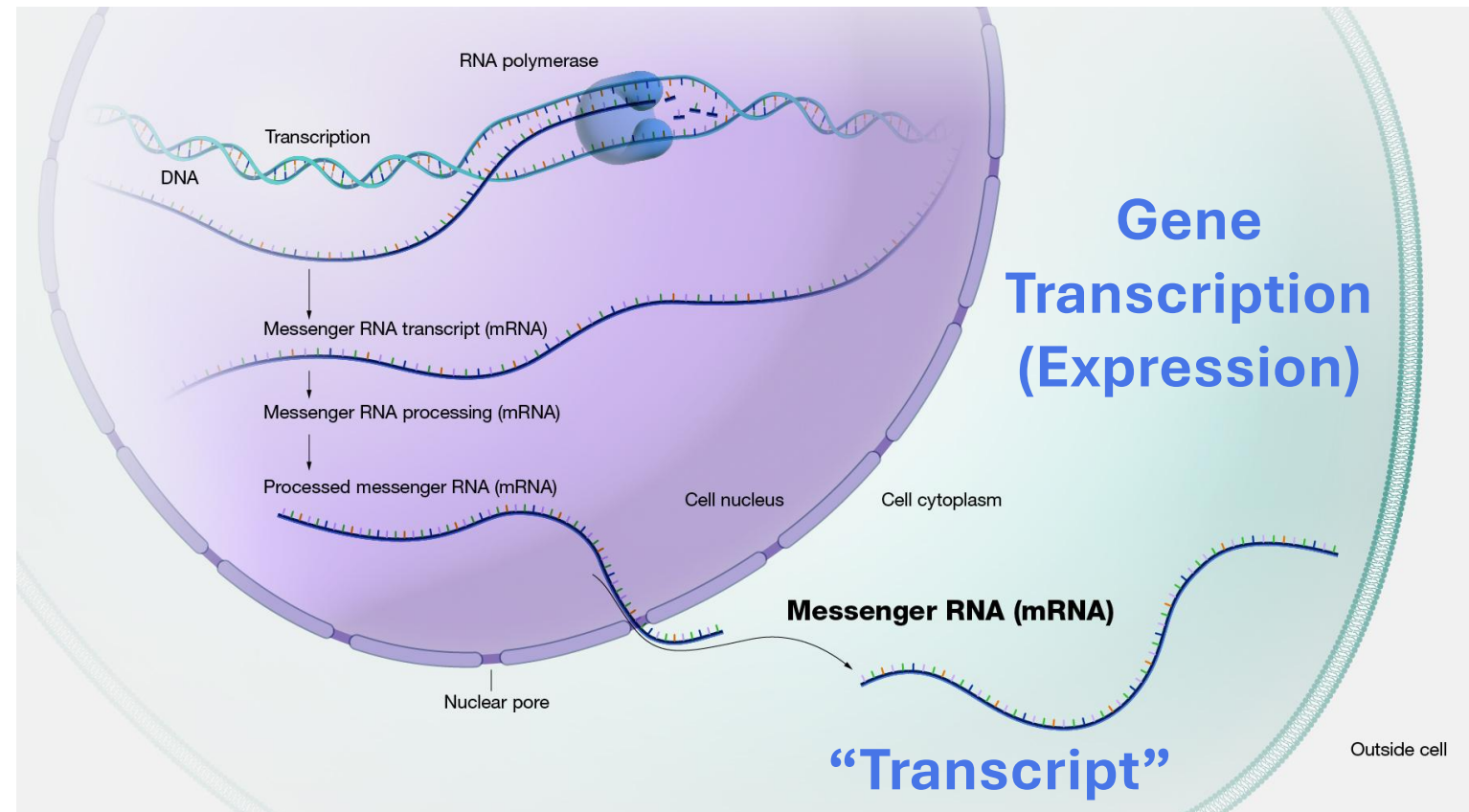
Functional Genomics- through RNA, genes are actively contributing to cellular processes and responses.

Different types of Ribonucleic Acid (RNA) exist **in cells**, each with a unique function:

- **Messenger RNA (mRNA)**
- Ribosomal RNA (rRNA)
- Transfer RNA (tRNA)
- Regulatory RNAs like microRNA (miRNA), long non-coding RNA (lncRNA), small interfering RNA (siRNA)

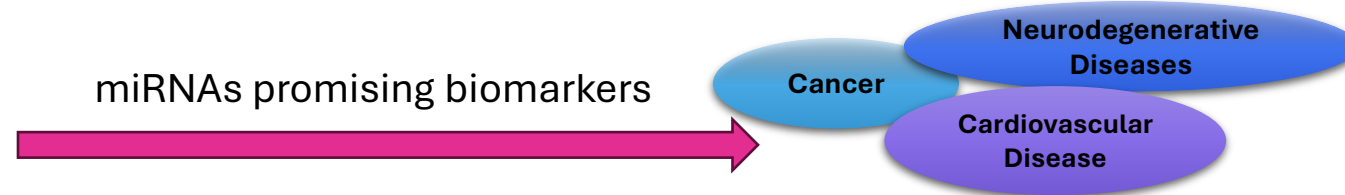
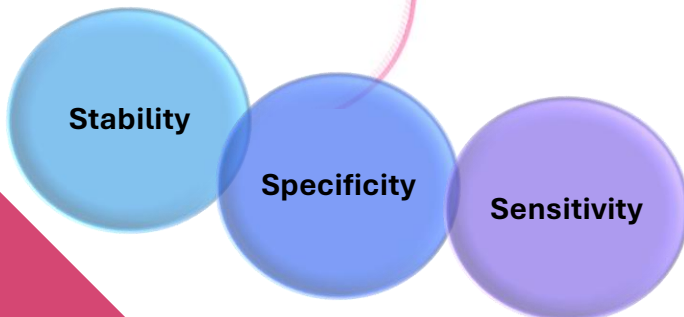
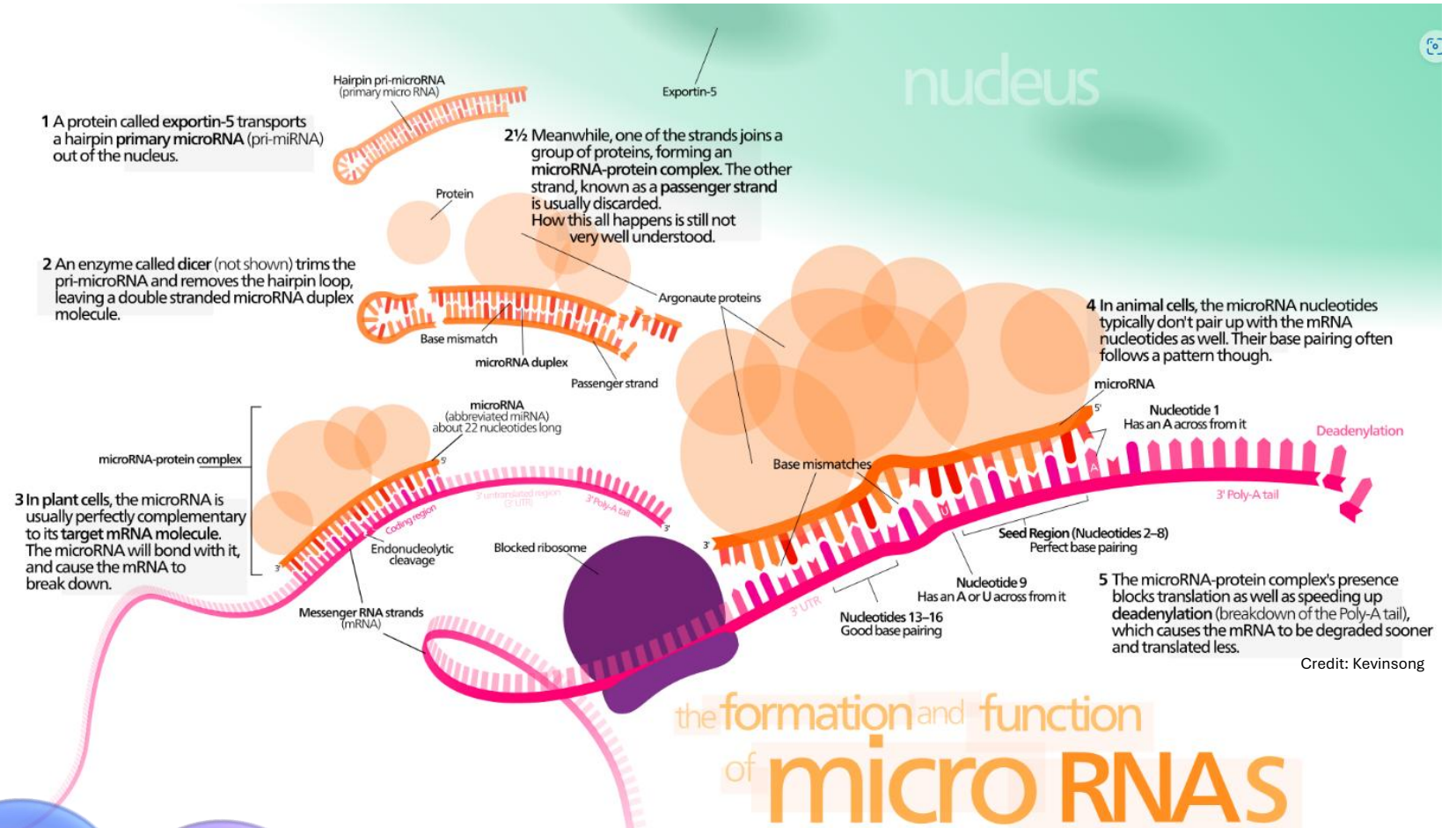
**Central Dogma:**

**DNA → RNA → Protein**



# Advancements in Molecular Techniques: microRNAs

**MicroRNAs regulate gene expression** through mRNA degradation or translational repression by specific binding to mRNA and targeting transcripts into RISC complexes to either be broken down or simply interfering with the ribosome translation.



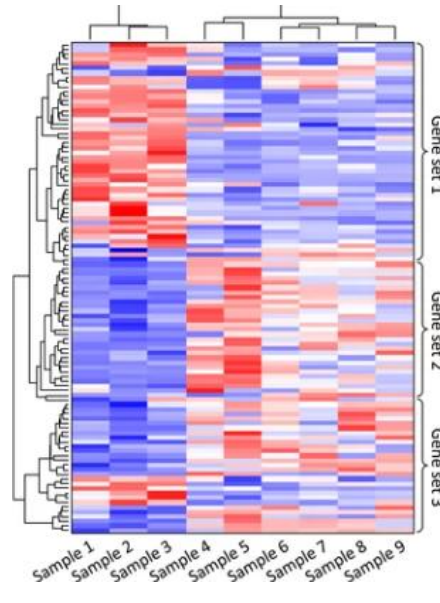
Credit: Kevin Song

# Advancement in Molecular Techniques: Transcriptomics

Functional Genomics & Transcriptomics: both profiles and quantifies the **EXPRESSION** of genes. To understand the identity, abundance, structure, and regulation of RNA molecules with relationship to disease phenotype or mechanism.

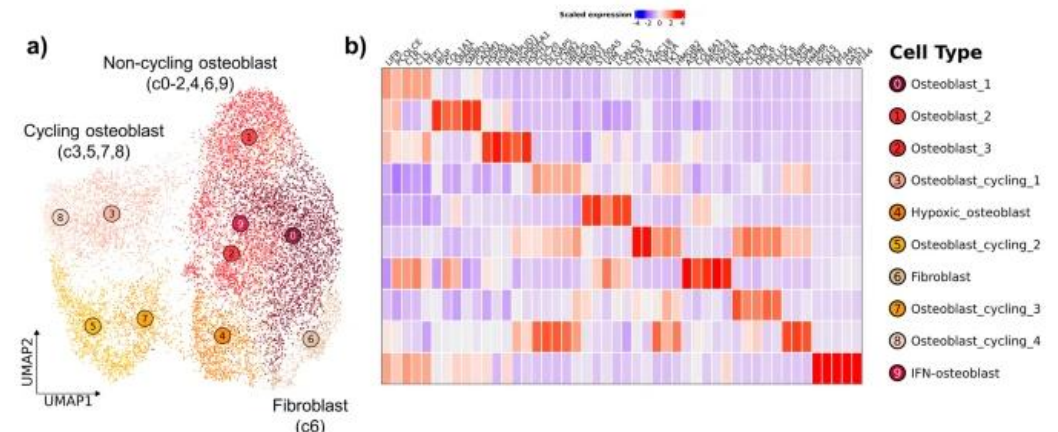
## RNA-sequencing (RNA-seq)

- High-throughput sequencing of RNA molecules, providing bulk information about the types and quantities of RNA transcripts present in a **biological sample**. \*Gene sets\*
- Differential expression analysis enables the **comparison** of gene expression between different conditions (samples). \*Heat maps\*



## Single cell RNA-sequencing (scRNA-seq)

- Gene expression **at the single-cell level** within a sample.
- Spatial transcriptomics enables researchers to **map gene activity** of individual cells maintaining the **spatial context** of the cell populations and allowing for contextual analysis of tissue architecture. \*Cell Types & UMAPs\*



# Advancement in Molecular Techniques: Muti-omics

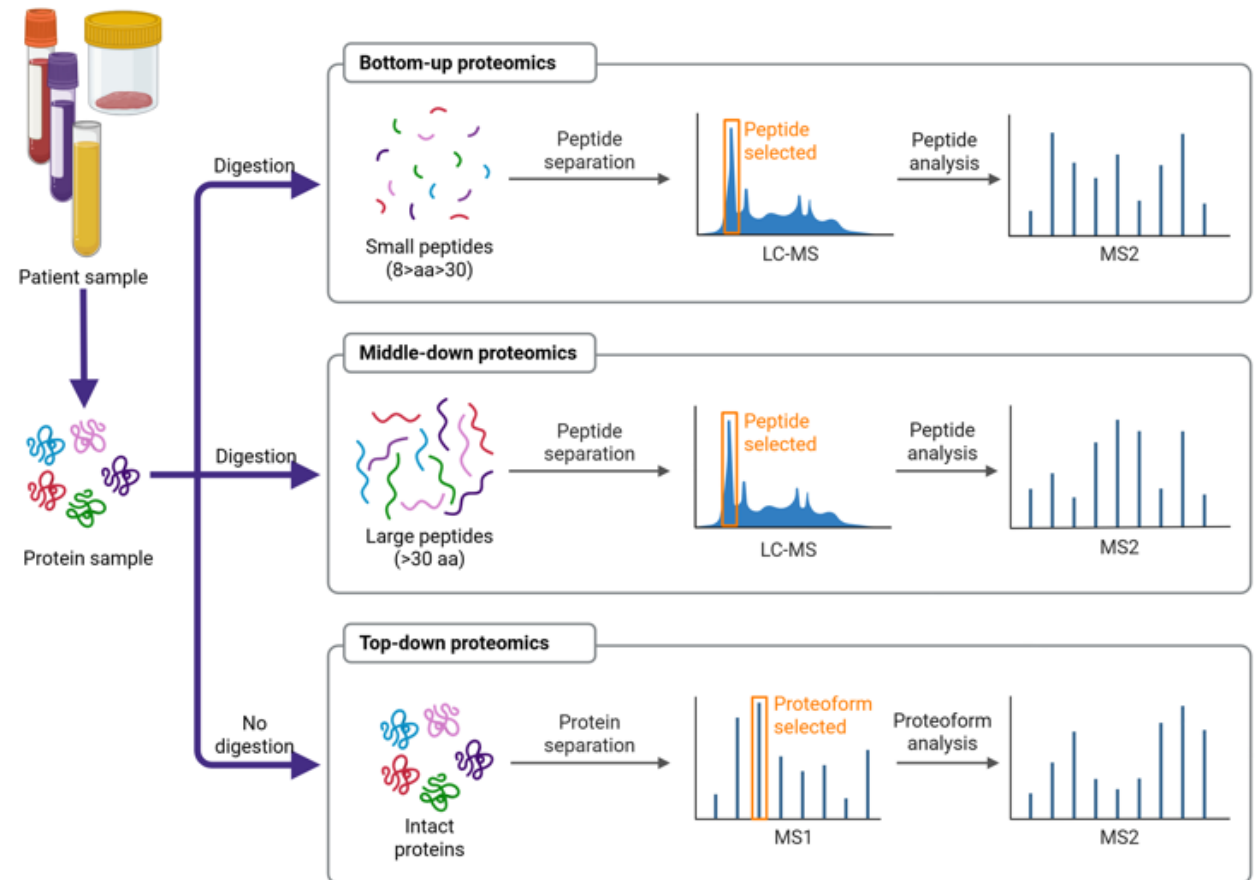
A discipline that combines data from the multiple “omics”

- Proteomics
- Metabolomics
- Lipidomics
- Transcriptomics

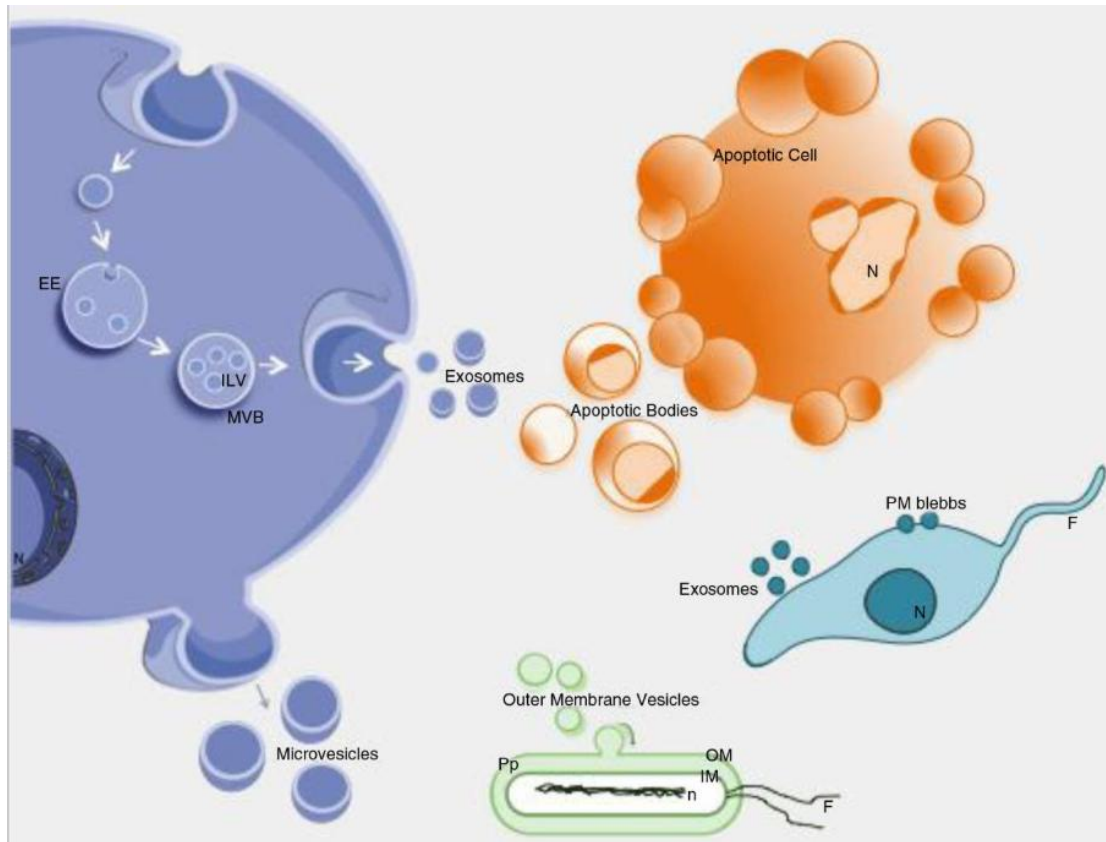
Less bias -avoids a targeted look at specific molecules analyte-by-analyte

Scientist gain deeper insights into complex mechanisms and biomarker signatures with high throughput

## Proteomics



# Advancement in Molecular Techniques: Cellular Entities - EVs



## Extracellular Vesicles (EVs)

- Lipid bilayer particles typically < 200 nm in size.
- Actively released from cell membrane for intracellular communication, by nature in circulation.
- Types: Apoptotic Bodies, Microvesicles, Exosomes
- Bacteria, Protozoa, Parasites, Enveloped Viruses

### Diverse cargo:

- Proteins
- Metabolites
- Lipids
- Nucleic acids (DNA, RNA)

Prime candidates for  
sampling molecular  
signatures!

Multi-  
omics

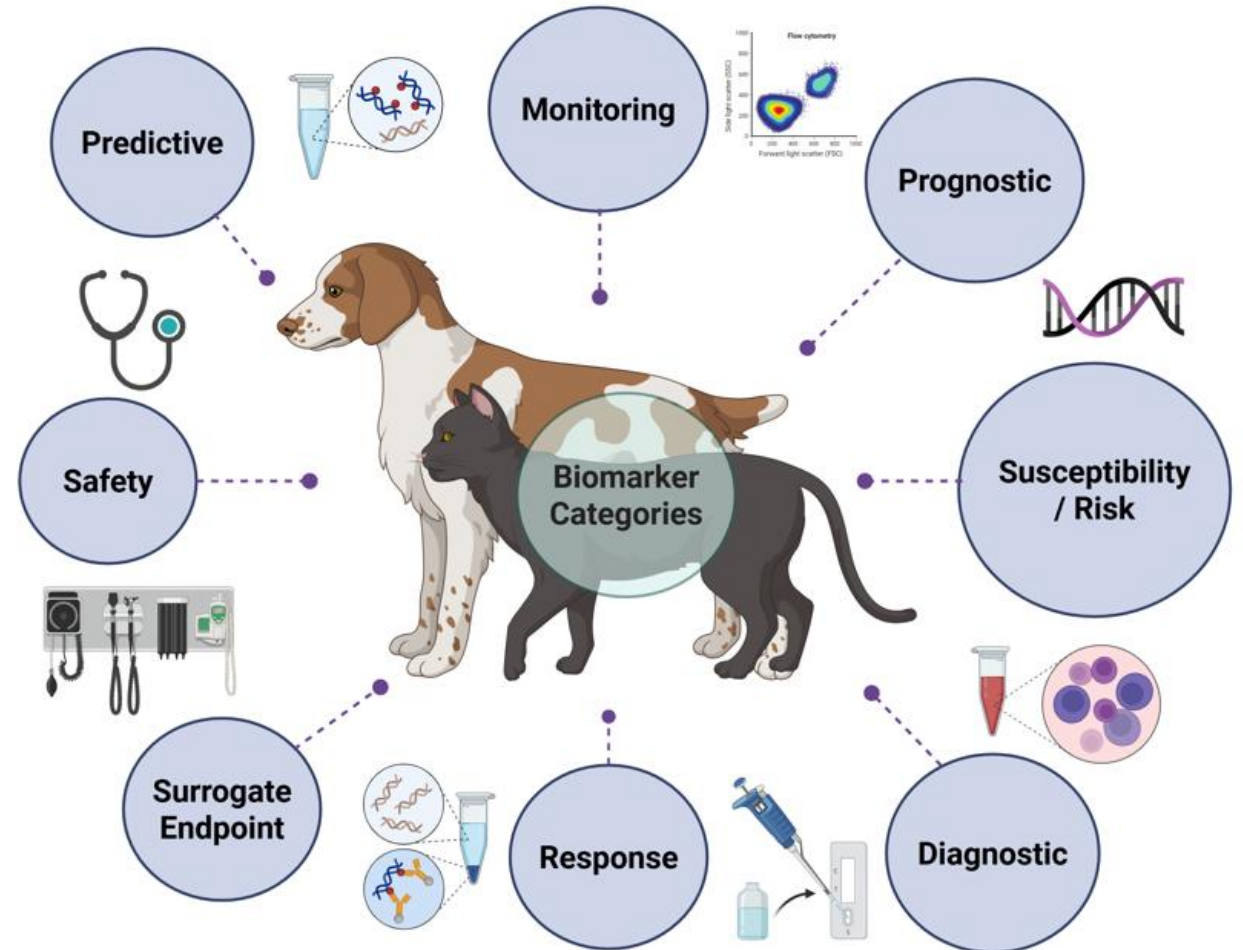
\*Non-invasive collection\*

# **BEST Definitions**



# Introduction to: Biomarker, EndpointS, and other Tools (BEST) Definitions

- In 2016, an FDA-NIH Joint Leadership Council published the **B**iomarkers, **E**ndpointS, and other **T**ools (BEST)
- Resource to promote consistent use of biomarker terms and concepts, align expectations, and improve scientific understanding of study endpoints and biomarkers.
- As of 2025, the BEST glossary classifies biomarkers into eight specific categories.
- The BEST glossary is a “living” resource that is periodically updated with additional terms and clarifying information aiming to capture distinctions between biomarkers and clinical assessments.
- Defines each category and provides references and specific examples.
- In practical purposes, the BEST definitions are the application of biomarkers in everyday use and is a shared dictionary between industry, academia, and the US regulatory agencies to advance drug development.



Images created in BioRender.com by N. Thellman

A **Diagnostic Biomarker** is a biomarker used to detect or confirm presence of a disease or condition of interest or to identify individuals with a subtype of the disease.

Diagnostic biomarkers are used for the critical determination of whether a patient has a particular medical condition; with an accurate diagnosis of a disease or condition a specific treatment may be indicated.



**Example:**  
Detecting “Giardia Cyst Antigen” in a patient’s fecal sample.



**Vetscan Giardia Rapid Test**

CANINE INFECTIOUS, FECAL

A highly sensitive and specific test for the qualitative detection of giardia cyst antigens in canine feces.

SENSITIVITY (CANINE): 98.1%<sup>1</sup>

SPECIFICITY (CANINE): 99.3%<sup>1</sup>

# Diagnostic Biomarker

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A **Monitoring Biomarker** is a biomarker measured repeatedly for assessing status of a disease or medical condition or for evidence of exposure to (or effect of) a medical product or an environmental agent.

Evaluated serially over time, a **Monitoring Biomarker** is often used to assess disease progression, including the occurrence of new disease effects, worsening of previously existing abnormalities, or change in disease severity or specific abnormalities.




# Monitoring Biomarker

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A **Response Biomarker** is a biomarker used to show that a biological response, potentially beneficial or harmful, has occurred in an individual (or animal) exposed to a medical product or an environmental agent.

A response biomarker can be further divided into **Pharmacodynamic** biomarker and **Surrogate endpoint** biomarker and depends on its specific “context of use”.



**Pharmacodynamic (PD) Biomarkers:** a response biomarker that indicates biologic activity of a medical product (i.e.; therapeutic intervention); used to establish proof-of-concept, assist in dose selection, or measure potential harm.

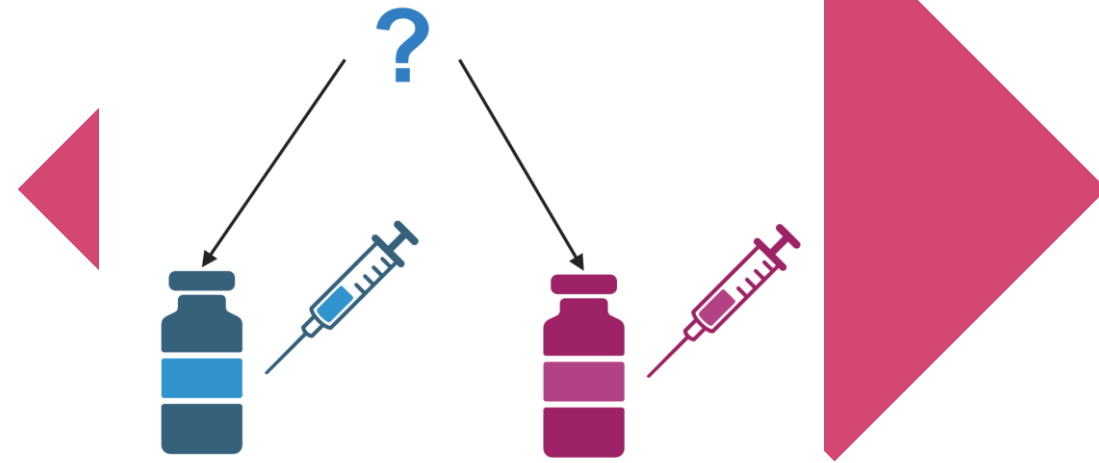
**Surrogate Endpoint:** a response biomarker used in clinical trials as a substitute for direct measure of how a patient ‘feels’, functions, or survives (but does not measure the clinical benefit of primary interest in and of itself).

# Response Biomarkers

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A **Predictive Biomarker** is a biomarker used to identify individuals who are more likely than similar individuals without the biomarker to experience a favorable or unfavorable effect from exposure to a medical product or an environmental agent.

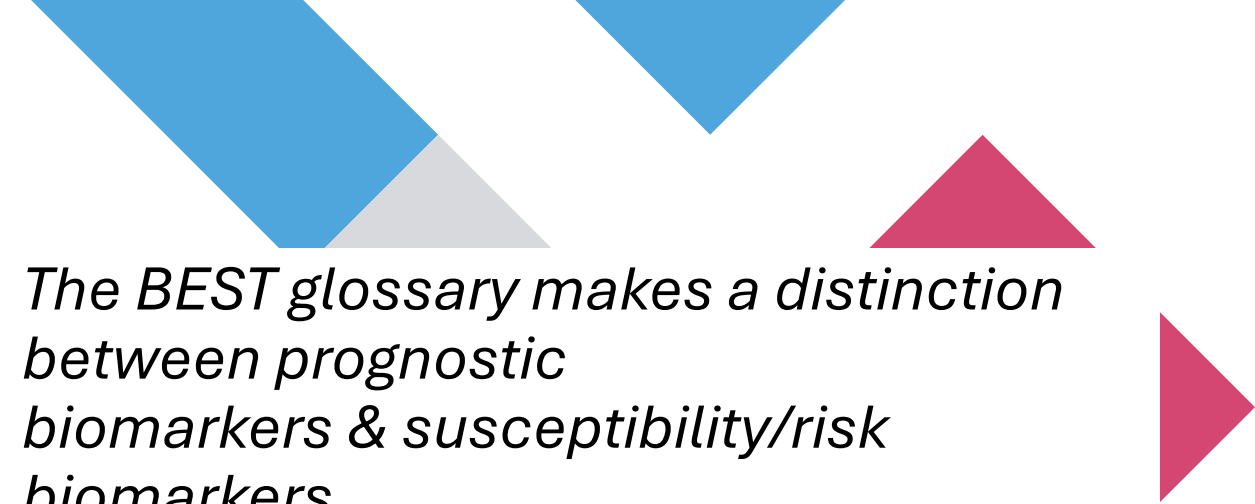
Predictive biomarkers are often used in clinical trials to select patients for participation or to **stratify patients** into biomarker groups (positive or negative) with the primary endpoint being the effect in the biomarker positive group.



Personalized medicine, what is the best treatment option based on objective measurements....

## Predictive Biomarkers

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A **Prognostic Biomarker** is a biomarker used to identify likelihood of a clinical event (such as death), disease recurrence or progression in patients who have the disease or medical condition of interest.

In the clinical context, prognostic biomarkers are measured at a **defined baseline**.

*The BEST glossary makes a distinction between prognostic biomarkers & susceptibility/risk biomarkers...*

*Susceptibility Biomarkers – individual without clinically apparent disease*

*Prognostic Biomarkers – patient has the disease... using a biomarker to inform “prognosis”*

# Prognostic Biomarkers

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A **Susceptibility/Risk Biomarker** is a biomarker that indicates the **potential for** developing a disease or medical condition in an individual who **does not currently have** clinically apparent disease or the medical condition.

*..contrasts with Prognostic Biomarkers, which indicate an increased likelihood of a specific clinical event in an individual already diagnosed with a disease or medical condition*

*...contrasts with Diagnostic Biomarkers, which confirm whether a disease is present*



**Susceptibility / Risk  
Biomarker**

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## A Reasonably Likely Surrogate Endpoint

is an endpoint supported by **strong mechanistic** and/or epidemiologic rationale such that:

1. an effect on the surrogate endpoint is expected to correlate with an endpoint intended to assess clinical benefit in clinical trials
2. but without sufficient clinical data to show that it is a validated surrogate endpoint



May be used to accelerate approval for drugs...

... often with post marketing confirmatory trials to verify and describe the anticipated effect on the irreversible morbidity, mortality, or other clinical benefit

# Reasonably Likely Surrogate Endpoint

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A **Safety Biomarker** is a biomarker measured before and after an exposure to a medical product or an environmental agent to indicate the likelihood, presence, or extent of toxicity as an adverse effect.

Common to all safety biomarkers is the ability to detect or predict these adverse drug or exposure effects.



# Safety Biomarker

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# Introduction to: Biomarker, Endpoint, and other Tools (BEST) Definitions

## BEST Definitions from FDA / Christopher Leptak

### Biomarker class - from a drug development perspective

<b>Susceptibility - Risk</b>	Indicates potential for developing disease before it is clinically apparent.
<b>Diagnostic</b>	Confirms presence of disease or condition or identifies patient subsets.
<b>Monitoring</b>	A biomarker measured repeatedly (i.e.; serially) for assessing the disease status, including degree or extent ( <b>severity</b> ), or for evidence of exposure to (or effect of) a medical product or an environmental agent.
<b>Prognostic</b>	Identifies likelihood of a clinical event, disease recurrence or progression in the absence of a therapeutic intervention.
<b>Predictive</b>	Identifies patients who are more likely to experience a favorable or unfavorable effect from a specific treatment or exposure. (Establishing that a biomarker is predictive for an intervention's effect generally requires a comparison of the intervention to a control treatment in individuals with and without the biomarker, usually in randomized trials.)
<b>Response (Pharmacodynamic or Surrogate Endpoint)</b>	<b>Pharmacodynamic Biomarker:</b> a response biomarker that indicates biologic activity of a medical product (i.e.; therapeutic intervention); used to establish proof-of-concept, assist in dose selection, or measure potential harm. <b>Surrogate Endpoint:</b> a response biomarker used in clinical trials as a substitute for direct measure of how a patient 'feels', functions, or survives (but does not measure the clinical benefit of primary interest in and of itself).
<b>Safety</b>	Indicates the likelihood, presence or extent of toxicity to a therapeutic intervention when measured before or after the intervention.

# Clinical Utility



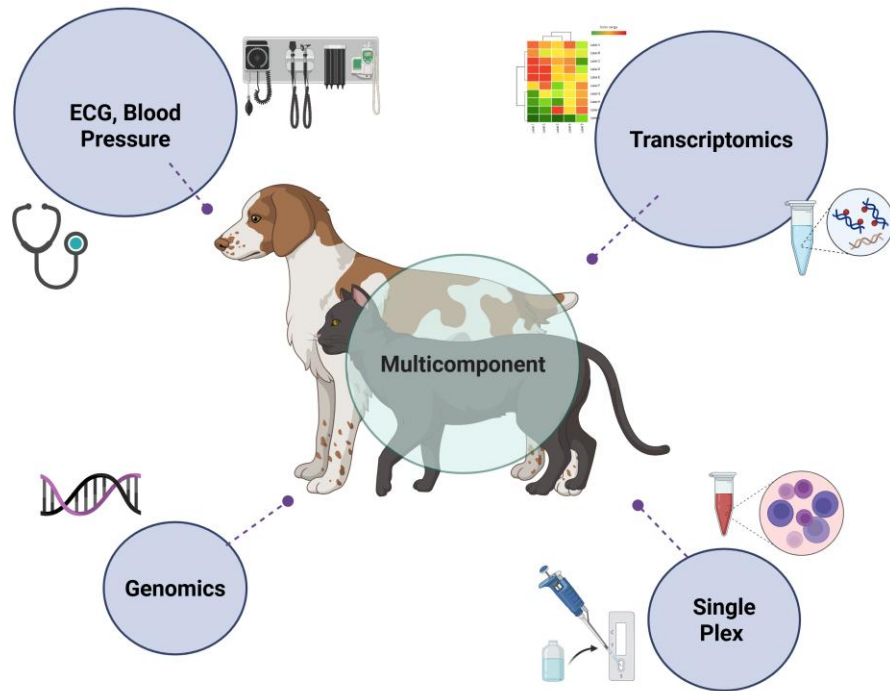
# Clinical Utility & Application

## Contents of a Biomarker Description:

- Added to the BEST glossary in 2020 to succinctly summarize key aspects necessary for universal “biomarker description”
  1. The **biomarker identity**:
    - a. name of the specific analyte, anatomic feature, or physiological characteristic as well as unique identifiers or commonly used acronyms.
    - b. The specific source (e.g., urine, liver, biopsy, etc.).
    - c. The type of biomarker (e.g., physiological, molecular, histological, etc.).
  2. The **biologic plausibility**: summary of the biological, physiological, or pathological pathway for the association of biomarker with disease or condition. “Contextual linkage between biomarker and intended use”
  3. **Measurement method**: used to measure, image, or otherwise quantify the biomarker with details to interpret the results (e.g., units)

# Biomarker Signatures & Multicomponent Biomarkers (MCB)

There are many situations where multiple single biomarkers may be relevant to a particular context of use:



Using a combination or defined set of two or more individual biomarkers whose values, when considered together in a specified way provide an indicator of normal biological processes pathogenic processes or biological responses to an exposure or intervention including therapeutic interventions.

# Biomarker Signatures & Multicomponent Biomarkers

## 2019 Antech Diagnostics release RenalTech® - a predictive diagnostic tool indicating a cat's likelihood to develop CKD

- RenalTech® uses common blood and urine tests that you already run routinely on your feline patients, combined with the pet's age.
- The artificial intelligence that powers RenalTech® uses results from two diagnostic testing events: one current diagnostic event can be paired with another set of results captured within the last 24 months.

## Step 1: Diagnose CKD

**Clinical signs and physical examination findings worsen with increasing severity of kidney disease**

### Clinical presentation

Consider age, sex, breed predispositions, and relevant historical information, including medication history, toxin/toxicant exposure, and diet.

Can be subclinical in early stage CKD. Signs may include polyuria, polydipsia, weight loss, decreased appetite, lethargy, dehydration, vomiting, and bad breath.

### Physical examination findings

Can be normal in early stage CKD. Findings may include palpable kidney abnormalities, evidence of weight loss, dehydration, pale mucous membranes, uremic ulcers, evidence of hypertension, i.e., retinal hemorrhages/detachment.

**To diagnose Stage 1 and early Stage 2 CKD**

One or more of these diagnostic findings:

- 1** Creatinine increasing within the reference interval where no prerenal cause is apparent

**1** SDMA increasing within the reference interval where no prerenal cause is apparent
- 2** Persistent increased SDMA\* > 14 µg/dL
- 3** Abnormal kidney imaging
- 4** Persistent renal proteinuria

UPC >0.5 in dogs; UPC >0.4 in cats

**To diagnose more advanced CKD (late Stage 2-4)**

Both of these diagnostic findings:

**1** Increased creatinine and SDMA concentrations

Creatinine

SDMA

Results of both tests should be interpreted in light of patient's hydration status.

**2** Urine specific gravity < 1.030 (Canine) and < 1.035\* (Feline)

See [www.iris-kidney.com](http://www.iris-kidney.com) for more detailed staging, therapeutic, and management guidelines.

\*Note that some cats can produce hypersthenuric urine in the face of renal azotemia.

# Clinical Utility & Application

- In human health, there are regulatory processes in place for qualifying and validating biomarkers.
- Additionally, in human health biomarker-driven clinical trials are now mainstream, **with nearly half of oncology studies and 10-20 % of all trials incorporating biomarkers.**
- There is set regulatory path for biomarkers in a clinical trial application.
- There is no regulatory process to approval for animal health biomarkers.
  - **In Veterinary Medicine, we rely on the Key Opinion Leaders, body of literature, as well as commercial organizations to drive the clinical utility and acceptance of biomarkers.**

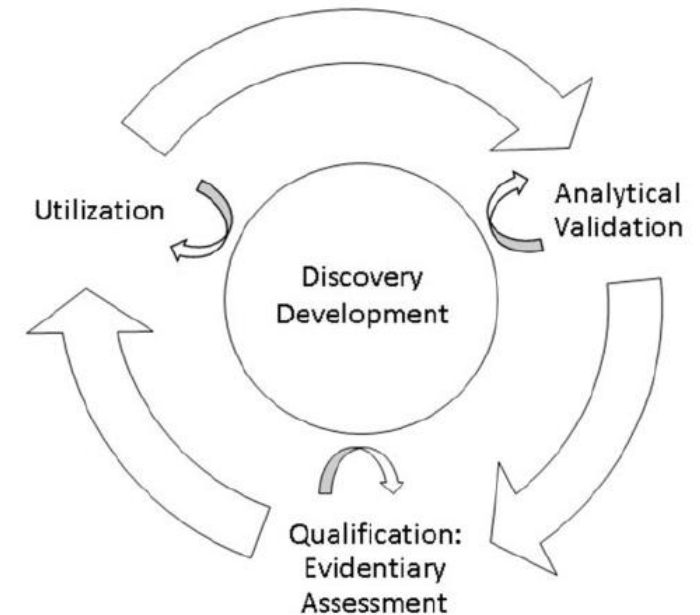


Figure 1. Steps in the evaluation framework for biomarkers. Adapted from: Institute of Medicine. *Evaluation of biomarkers and surrogate endpoints in chronic disease*. Summary. Washington, D.C.: National Academies Press, 2010.

Clinical Investigation and Biomarker Discovery in Early  
Drug Development for Allergic Dermatitis Part 2:  
Biomarkers and Translational Biology in Allergic  
Dermatitis

Tuesday, Apr 29, 2025

2:00 PM - 2:50 PM

Windermere Ballroom W, Convention Level

# Thank you

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Nikki M. Thellman DVM, PhD

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