9th Annual
IPFSummit
Accelerating Pulmonary Fibrosis Therapeutics From Discovery to Reality

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EXCLUSIVE INTERVIEW

AN EXCLUSIVE INTERVIEW WITH:

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What do you see as the biggest challenges currently facing drug development for IPF?

Access to patients early enough in their disease course to really make a difference. Many of the treatments available or in development still have issues with tolerability. Until we have something that doctors are willing to prescribe earlier, and patients are willing to take as soon as they are diagnosed, we are going to find it difficult to have real traction on the disease for meaningful and long-term change.

How is your team and the wider community working to address these challenges?

We have a new point of therapeutic target, and a completely novel MoA, which allows precise and specific intervention at a single point of molecular traction, under the normal physiological controls of the cell. Accordingly, we hope off tolerability and safety profiles will be very favorable, allowing earlier intervention for patient benefit. Other teams are taking similarly innovative approaches that go beyond just dealing with fibrosis.

With recent shifts in the treatment landscape, trends or new approaches are you most excited about in IPF research right now?

I'm excited about the breadth of work happening in the IPF space right now. It feels hopeful. In addition to the work we are doing at SENISCA, the emergence of new targets such as TNIK and IL-11 inhibitors raise hope that we might be able to produce new interventions that are disease modifying.

How are you thinking about combination strategies or multi-modal approaches in the context of treating fibrotic lung diseases?

I think there is potential for SENISCA's asset to be used as monotherapy, as it deals independently with senescence, inflammation and the fibrotic cascade. We just don't have the data to be able to say that yet definitively in patients though! I think it could equally well be used as part of a combination therapy, preventing rather than removing fibrosis. In practice, in late-stage patients, it's likely that combination therapies may be beneficial.

What's one misconception about IPF drug development that you'd like to see corrected across the broader biotech/pharma community?

That it's too rare to be profitable and too intractable to be able to produce a really meaningful improvement in lifespan and quality of life. It's more prevalent than people realise (I personally know three people who have lost close family members to IPF). There's a lot of very different approaches being assessed in the mix now, and I am sure over the next few years we are going to see some real advances.

What are you most looking forward to learning or discussing with peers at the 9th IPF Summit?

I'm really looking forward to seeing the latest data from the trials, but also hearing about some of the new stuff that's coming up behind.

Could you give us a sneak peek into your session? What's one key point or idea you hope the audience will take away from your presentation?

At SENISCA, we are trying to deal with IPF at its roots by reprogramming old and misbehaving cells back to something more functional. We have a pretty unique way of doing this. I hope that people will take away from my presentation that we are doing something different and exciting!

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