



**Venture Philanthropy Strategies  
Used by Patient Organizations  
to Support Translational Research**

**FasterCures**  
*The Center for Accelerating Medical Solutions*  
**Margaret Anderson, COO**

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***Central Question: What would your business model be if your bottom line were curing a disease?***

**FasterCures**  
The Center for Accelerating Medical Solutions

**ENTREPRENEURS FOR CURES:**  
*The Critical Need for Innovative Approaches to Disease Research*



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# TRAIN: You Are Not Alone

## TRAIN The Redstone Acceleration and Innovation Network

Collaborative, mission-driven, results-oriented, and strategic in their use of capital, these groups are motivated solely by moving promising therapies from the laboratory bench to the patient's bedside as rapidly as possible – even those that do not directly fund therapy development.



# Nonprofits as “De-Riskers”

- Developing pre-clinical tools
- Targeting research to support translation
- **Funding mechanisms that bring in industry**
- **Managing academic science**
- **Access to patient community**
- **Access to biospecimens**
- New indications for existing drugs
- High-throughput screening of promising compounds
- Access to scientific expertise
- Advocating with FDA

# Continuum of Data Sharing

- Know what is happening in the field – Manhattan Project approach
- Determine your data sharing requirements/needs
- Embrace and circulate failure (Journal of Failure)
- Study lessons learned on IP/data sharing (agreements, IP pooling/MI report)
- Prepare for posturing (may need to bring in lawyers)
- Prepare to share (impact on your human capital/internal staff development)
- Reassess strategy early & often

# Data/Information Sharing

- Some groups have annual meetings for grantees where they must share.
- Data and products from studies should be centralized and shared.
- Tissue banks should be established and accessible to the research community.
- Clinical trials databases should be widely available.

# Foundations on Intellectual Property

- One Size Does Not Fit All: Approaches vary widely
  - Foundation owns no IP
    - § For some, doesn't comport with mission, interest in open science
    - § For others, haven't emphasized
  - Foundation owns all or some IP
    - § Business model hinges on industry partnership for therapy development
  - And everything in between
    - § E.g., foundation owns no IP but retains “march-in rights” if IP owners do not commercialize

# Foundations on Tech Transfer

“It can take 18 months to negotiate a non blocking IP agreement for a collaborative project that only lasted 6 months and that is unlikely to yield value.”

“Technology transfer offices can't handle the increasing load and need partners to ferret out the possibilities for IP development.”

“Academic centers are used to getting money without being held accountable by granting organizations for end results – getting new treatments to patients.”

“[Tech transfer offices] are generally understaffed and underfunded, making it difficult to effectively accomplish their mission, forcing them to make difficult choices and focus on opportunities with the most apparent potential... **Maybe it is time to stop bashing university tech transfer and Bayh-Dole and start cooperating for the benefit of patients.**”

“The more grants that an institution has received, the more inflexible the institution is concerning IP.”

**Instead of  
following the money,  
lead the money.**