

Collaboration 2.0: Learnings from the Path to Faster Cures

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Partnerships are an accepted way to tackle biomedical R&D challenges. Now, we need to analyze their effectiveness and heed the lessons we've learned for the next generation of productive collaboration.

A decade ago, the world looked a lot different in biomedical research. We'd agreed that there was this thing called a "Valley of Death," that the regulatory system needed attention, that resources were needed to advance science in the public and private sectors, that new models to bolster innovation were necessary and that success hinged on addressing all of these.

Along the way, there was a realization that some challenges required partnerships; the problems were too big to solve alone. As a result, we saw a rise in public-private partnerships, and the opportunities to solve shared challenges by consortia were abundant. At *FasterCures*, we chronicled the rise in consortia and began tracking their

disease focus, type of research and more. We created the Consortia-Catalogue, an online resource aimed at making it easier to find out about these collaborations' formation and outputs, so as to avoid duplication and wasted efforts. Now we need to better understand how we analyze these partnerships. Are they effective? Have they served their purpose? Our understanding of this area is better, but we need more insights to be able to make smart choices about where we are problem-solving.

In our early years, we'd sound the call for collaboration at meetings and in our work, and the converted would all come to talk about how important they felt it was, too. Because patients were at the center

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of our work, we began to see how the programs and practices of the venture philanthropy sector began to resonate with this talk about the importance of collaboration. The groups we’d initially called to join us at a meeting in California to discuss systems challenges across venture philanthropy became the first participating organizations of our program, The Research Acceleration and Innovation Network (TRAIN). What started as a few drops of rain became a full-fledged storm of activity by these disease foundations. We studied their structures, analyzed their funding models, gathered their best practices and convened them to tackle the next big challenges in the ecosystem.

Over the years, we have learned many lessons. Here are three.

First, ask people if they’d like to join your collaboration; they might just say yes. There is a new energy in the system; we are seeing the promise of science and the benefits of solving problems together. There are more partnership models, and collaboration comes in all shapes and sizes, making it more possible. It may feel more difficult upfront, but the outcome may far surpass what could have been done going it alone. An example of where that

partnership has turned into a science is the Prescription Drug User Fee Act (PDUFA) agreement. In the discussions about the latest version (PDUFA VI), there was violent agreement that patient-focused drug development needed to take more than just baby steps to move the science of patient input forward. Patient groups, the U.S. Food and Drug Administration and industry agree with this concept and are eager to work with Congress toward PDUFA’s passage.

Second, curation can be an important step toward collaboration. In other words, if you don’t know where you’re going, any road will get you there. To help determine which paths *FasterCures* will take in contributing to the science of patient input, we needed to see who was doing what. Collaboration for the sake of it is a fool’s errand.

Knowledge is power, and there is too much important work to do, so figure out what is already happening in your space first.

Third, sometimes the system transforms itself, but new challenges always replace the original ones. Our Rx for Innovation project (to prepare the next president and administration to advance biomedical innovation), has unearthed many areas that are ripe for collaboration, such as new

clinical trial models, biomarkers, the next generation of patient registries, big data analysis models and more. If any of these areas was easy to improve, it would have been done already. So let’s work together, across sectors, using our experience and expertise to collectively tackle barriers that are hindering our biomedical ecosystem.

This is an exciting time for cooperation in R&D, and I can’t wait to see what is next for Collaboration 2.0.

IMPORTANT LESSONS

1

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2

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3

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