A Primer on Patents and Policy

With special attention to the impact of intellectual property on access to genetic testing

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Health Policy Capstone Project

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Factors affecting access

Price Hassle (perturbation in existing service) Regulatory approval

Reimbursement and coverage

Capstone project model: development cycle from Lewin report

Student case examples

Breast v colon cancer

BRCA versus HNPCC/FAP

- Tay-Sachs v Canavan's
- Patent + restrictive license v liberal licensing/no licensing of gene patent
- Cystic Fibrosis
 - Broad nonexclusive licensing/patents
- Hemochromatosis
 - Patented by startup, sold, nonexclusive licensing, but with nongenetic screening test that constrains price
- Severe Combined Immune Deficiency
 - Many genes, cases rare, specialized care, patenting variable, possibility of microarray test?
- Hearing loss
 - Many genes, some common & patented, others rare, some unpatented, effort to form pool, possibility of microarray test?

Who really did the work?

Subhashini Chandrasekharan, PhD IIse Wiechers, MD, MPP Noah Perin, MPP + MBA Sapna Kumar, JD Jennifer Pohlhaus, PhD Colin Crossman, JD (PhD cand computational bio)



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Reminder: what is a patent?

- Novel, useful, "nonobvious" invention Disclosed in enough detail that others can make and use it
- Enforced through the courts of national jurisdiction
- Open ("patent") sharing of invention in return for right to exclude others from making, using, or selling it (without permission) for a period (20 year default)

Seminal Technologies

Southern blot pBR322 cloning vector **BLAST Cohen-Boyer rDNA method and plasmids Axel-Wigler-Silverstein cotransformation** Cloning of insulin and growth hormone genes* Sanger-Coulson sequencing Maxam-Gilbert sequencing **RFLP** genetic linkage mapping (abandoned) **Polymerase Chain Reaction*** Automated fluorescent 4-color DNA sequencing instruments* **DNA** microarrays* **BioPERL** Sequence assembly methods and analysis Coming: Perlegen, Illumina, 454 pyrosequencing, Solexa

Unpatented Patented-academic Patented-private
* = litigation

Justifications

Human (inherent or natural) right

Instrumental "right" (intended to foster innovation—add "fuel of interest to fire of genius" [Lincoln])

- 1. Tool to fairly distribute fruits of invention
- 2. Tool to induce investment in R&D
- Tool to solve problem for inventions that require substantial post-discovery development (R&D free-rider problem)

Examples of patent function

Just Desserts

- PCR & recombinant DNA: inventing institution gets a stream of funding
- Induced Investment
- BRCA: prospect of patents induces investment in Myriad
- Incyte and Human Genome Sciences do cDNA sequencing
- Prevent Free Riders
 - Erytyropoietin, growth hormone—expensive safety & efficacy trials: patents enable clinical testing and rise of Amgen/Genentech to "baby pharma" status

Some numbers

~44,000 *US* *DNA* patents
~16,000 world *sequence* patent families
~3,000 US human *genes* patented
~750 EuroPO *sequence* patents
~500 Japan *sequence* patents

Sources: LeRoy Walters, DNA patent database (Mar 2007) Jensen & Murray *Science 310 (15 Oct)* 2005 (match RefSeq from among ~4300 patents and ~4400 claimed gene sequences; removing multi-probe claims; Apr 2005 data) Hopkins, et al., SPRU, Univ. Sussex (data through 2004)

Patents & Research good and bad

Induce private R&D Create assets for startups Enable returns on post-discovery development (e.g., drugs) Generate income for universities

Make research more expensive **Require investment** and bureaucracy for patenting Tax on innovation Gum up network benefits of cumulative innovation Cut out some uses







Aggregate Market Capitalization of All Genomics Firms



Historical R&D of Top 15 Firms



Source: Chandrasekharan, Perin, Wiechers & Cook-Deegan, 2006

Financial Trends of Top 15 Public Genomics Firms^a



1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004

NOTES: Total Exp = total expenditures; R&D Exp = research and development expenditures; PPE = plant, property and equipment ^aTop 15 genomics firms by market capitalization are: Applera, Millennuim Pharmaceuticals, Invitrogen, OSI Pharmaceuticals, Gen-Probe, Affymetrix, Protein Design Labs, Human Genome Sciences, ZymoGenetics, Abgenix, Incyte, Digene, Exelixis Pharmaceuticals, Lexicon Genetics, Rigel Pharmaceuticals



Number of Patents Retrieved by DNA Search Algorithm by Year of Issue

SPRU data on *Sequence* patents



PATGEN Project final report http://www.sussex.ac.uk/spru/documents/patgen_finalreport.pdf

No. of families with granted patents on DNA sequences by filing year



Source: Science Policy Research Unit, University of Sussex, p. PATGEN Project final report http://www.sussex.ac.uk/spru/documents/patgen_finalreport.pdf

Patent assignees

US DNA Patents *1980-1993*



Source: Stephen McCormack and Robert Cook-Deegan DNA Patent Database

Sequence Patents: SPRU group data

Figure 8. Assignee share of granted patents by year at the USPTO



Source: Science Policy Research Unit, University of Sussex,

PATGEN Project final report http://www.sussex.ac.uk/spru/documents/patgen_finalreport.pdf

Jensen & Murray, US *Gene* patents



Human gene patent ownership Jensen & Murray *Science 310 (14 Oct) 2005*

About 70% have, at one time, been licensed 1- 2% were licensed >9 times



Policy tools: general

Patent reform by statute Current House and Senate bills Becerra-Weldon bill Rivers bills of 108th Congress Examination practices in patent offices (USPTO v other) Research exemption (see Belgium, France) Compulsory licensing (see Belgium, India)

Current patent reform

From "first to invent" to "first inventor to file"

Opposition process after patent publication

-BRCA opposition in Europe -Cohen-Boyer (because openly prosecuted, in effect had opposition during examination)

Policy tools:

Freedom to operate in research

Push-back from Scientists PCR Oncomouse Cre-lox NIH & National Academies re USPTO examination guidelines on DNA patents Norm-setting in science Bermuda rules for sequence release (1996) SNP Consortium "Public domain" strategies in software and some genomics NIH research tool guidelines (1999) NIH "Best Practices" for genomic inventions (2004) OECD Licensing Guidelines (2006) University statement (2007) Increasing reliance on data-openness plans in grants and contracts (e.g., Wellcome Trust, NIH)

Empirical data on diagnostics

Cho-Merz-Leonard data survey of lab directors Many labs gave up patented tests such as ApoE for Alz or BRCA No direct evidence about access BRCA case

US story mainly about patents but even in US, only ~30% patent premium Canada, Australia, etc., patents but no monopoly (state testing servcies) Euro oppostion=>narrow scope Canavan's case

Secrecy + betrayal + overpricing + licensing restrictions = controversy (out of court settlement)

Policy tools: Diagnostics

Coverage and reimbursement Demand for data on clinical utility? Cost-value assessment? FDA regulation? Single-analyte tests (e.g., "gene tests") Multiplex texts (e.g., expression profiles) National or provincial health systems (monopsony meets monopoly: BRCA in UK, Canada, Australia)

Foreseeable trends in genetic tests

Multiple genes Multiple alleles for those genes Expression profile for those alleles

If true, then

Myriad and Athena (Mendelian testing) models will not dominate

Multiplex technologies will be more important

- Need to aggregate gene-based IP to enable testing of many sequences
- Other IP also relevant: detection instruments, interpretive software, "IP clusters"

Uncertain trends: litigation strategies

ApoE and **Bayh-Dole**: if universities pushed back against Athena BRCA and UPenn: "research service" under NCI contract Supreme Court inviting challenge case? "Would have been discovered anyway, and soon" criterion from 1980s BRCA in Canada and UK: factors beyond patents US only jurisdiction with many sequence patents

A few reminders

Gene patents may not be the most important patents (methods, instruments) Patents will often not be the most important element in the story When patents do matter, they mainly matter in distribution of rewards The policy landscape is shifting and somewhat unstable The US is remarkably different from Europe and Japan

End of presentation slides

A few slides follow, in case questions arise



Source: Science Policy Research Unit, University of Sussex, p. PATGEN Project final report http://www.sussex.ac.uk/spru/documents/patgen_finalreport.pdf

SPRU data on fate of sequence patents



Note: Abandoned includes withdrawn, refused, expired or lapsed

Source: Science Policy Research Unit, University of Sussex, p. PATGEN Project final report http://www.sussex.ac.uk/spru/documents/patgen_finalreport.pdf



NIH Appropriations 1940-2003



Federal Health (budget function 550) v PhRMA R&D 1970-2000 Thousand \$ (1996 dollars)



Genomics Funding: private>public (Year 2000)



Source: World Survey of Funding for Genomics Research Stanford in Washington Program (Amber Johnson, Carmie Chan, Robert Cook-Deegan) http://www.stanford.edu/class/siw198q/websites/genomics/

Firm by Type in 2004



Aggregate Number of Public Genomics Firms



88 Public Firms by Country





EXHIBIT 6 Top 5 Firm Taxonomies by Firm Type

Public Firms

Taxonomy	Percent ^a	Representative Firms
DRUGDEV	55%	Millennium, Incyte
INSTRMT	25%	Gen-Probe, Affymetrix
SUPPLYR	23%	Invitrogen, Affymetrix
DNATEST	22%	Gen-Probe, Digene
GENEXPR	15%	Exelixis, Diversa

Private Firms

Taxonomy	Percent ^a	Representative Firms
DRUGDEV	33%	AGY Therapeutics, Xenon
INFRMTX	29%	Genomatix, DNAStar
GENEXPR	21%	lpsogen, Ambion
DNATEST	15%	Gentris, HandyLab
GENEFNL	14%	Agilix, Xantos

SOURCE: Authors' analysis of study data

NOTES: Firms can be classified by multiple taxonomies based upon business function.

^a Percent of firms conducting research or business under a given taxonomy classification.

Source: Perin, Wiechers & Cook-Deegan, 2006

All Firms in Database by Taxonomy



Total Sum of Employees at Top 15 Firms



OTL-Cohen-Boyer Patent Revenues



Source: Tim Lenoir, "Biochemistry at Stanford: A Case History in the Formation of an Entrepreneurial Culture," April 2002.

Health R&D as Percent National Health Expenditures

