

URL: <https://stvp.stanford.edu/clips/bringing-new-biotech-treatments-to-market>

BioAge Labs co-founder and CEO Kristen Fortney explains why her company chose to start with finding treatments for diseases that are familiar to regulatory systems and potential payers, while maintaining a broader long-term vision.



Transcript

- How much do you need to be already thinking 00:00:06,010 about how your interventions will fit into the broader healthcare system, specifically like insurance and hospitals, and all the other downstream infrastructure? - Definitely, Yeah.. 00:00:15,690 So again, you know, we try to make that easier by going first after diseases where that's already been mapped out.. We're not inventing the disease, you know, it's not a new one, right? So we know there's like a clear payer strategy.. Like this is really important from a regulatory risk, like, will the FDA even accept these clinical trial endpoints? Are they meaningful? And will the payers pay for at the end of the day? So these are really critically important.. Like that's an important part of de-risking your program.. I will say though, but, right? Like, we do have this longer term vision that these therapies are not just gonna treat an acute disease, but they might be, you know, a drug for frailty or a drug for immune dysfunction, maybe used prophylactically.. Like a great example today, is something like a statin.. It's prescribed as though it were an aging drug, right? Like if you're over 40, you have a couple of risk biomarkers, your doctor will prescribe a statin, and they weren't first approved that way.. They were first approved for familial hypercholesterolemia, like a narrow orphan disease.. And the label was widened over time..

So this is a path that's been trotted before, you know, in terms of start with a very narrow indication, broaden over time to a big one.. And the question for us, looking to the future is like, can we accelerate that? Right? Like, we believe there are, you know, gonna be these therapies that fundamentally move the needle on aging.. And how do we actually get them to the largest population that could benefit as rapidly as possible? So that's more, I would say, you know, that's a harder question, right? But we are doing some work on that now to really realize the full value of these therapies and help the most patients...