Cancer biomarker catalog

Sophic wins grant to develop cancer biomarker database

BY AMY SWINDERMAN
EAST FALMOUTH, Mass.—Sophic Systems Alliance Inc., a life sciences software and services integrator, announced in November it received an NIH-NCI Small Business Innovation Research (SBIR) Phase I, $150,000 grant to develop a prototype Cancer Integrated Biomarker Knowledge (IBK) database.

Chosen for its ongoing work on the NCI's Cancer Gene Index Project, a highly curated, standardized and computable cancer knowledge base, Sophic will analyze sample NCI databases, identify biomarker common data elements and design a cancer biomarker object model with controlled vocabularies. The biomarker object will become the backbone for integrating the numerous disparate global biomarker databases into one IBK database.

Phase I of the project will last six months. Once a prototype is developed, Sophic may receive a $750,000 grant for Phase II, for commercialization of the IBK database.

“This is a logical follow-on and extension to the five-year Cancer Gene Index Project, and we believe that both databases will be valuable to cancer researchers and doctors,” says Sophic CEO Pat Blake. “When fully developed, the IBK will be a single source for critical biomarker information that will accelerate cancer research, promote cancer drug development and support patient diagnosis and treatment planning.

“Although this is a commercial project funded by the government, it will be the IP of Sophic. Essentially, the government will be our first customer.”

The potential market for the commercialized product includes Big Pharma, biotechs and companies focused on translational medicine.

Dr. Denise Perry, director of Research-Science, Technology, Engineering and Math at the University of North Texas, says the IBK database could have far-reaching implications for the cancer scientific and medical communities.

“I perceive that refining the already useful translational-application model of BioXM will permit cancer research scientists to access and integrate clinical information related to their science and thus, enhance their ability to think about and develop their science as it relates to actual responses in the human system,” Perry says. “Importantly, it will allow oncologists and/or physicians to access, with ease, those scientific concepts and mechanisms related to the specific disease site, and allow for evidence-based treatment and care of patients. What an exciting paradigm for therapeutic advancement—access to both cancer clinical and scientific information at the users’ fingertips, translation and transformation, at will.”

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