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Instacart CEO's medical institute reimagines neuroimmune diseases

BY RICHARD GUY, BIOPHARMA ANALYST



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The Metrodora Institute aims to accelerate cures for neuroimmune disorders by reimagining how patients are treated, and how they participate in research.

The West Valley City, Utah-based institute, which offers clinical services and maintains a biobank and data repository, was co-founded by Instacart's Fidji Simo, along with neurogastroenterologist and CEO Laura Pace, and CSO James Hemp. The institute opened its doors Wednesday and said it raised \$35 million from an undisclosed venture investor.

The motivation to create Metrodora, Pace and Simo told BioCentury, is that the U.S. healthcare system often fails patients with neuroimmune axis disorders, which are chronic conditions that affect multiple organs along the axis, such as long COVID, postural orthostatic tachycardia syndrome, irritable bowel syndrome, fibromyalgia and migraines.

"I was diagnosed with one of these conditions three years ago, bouncing from specialist to specialist, with no one really looking at the full picture," said Simo, characterizing her personal patient journey as a "crazy diagnostic odyssey." According to Pace, "the current system is set up to care for

people that have well-defined diseases with algorithms on how to treat them." Patients with more complex disorders, she said, can go from doctor to doctor, collecting diagnoses — all of which are wrong.

Pace, Simo and Hemp founded the medical and research center Metrodora to more effectively treat patients by coordinating the expertise of physicians from different specialties and accelerating the development of treatments.

Such multidisciplinary care is already advertised by some academic medical centers, but Pace said Metrodora is taking the approach to another level.

"It's truly a different model," she said. "We haven't siloed our physicians by specialty. We're all working in the same areas, and we're having a lot more organic interactions." Those interactions include a weekly conference where the entire clinical team and the institute's scientists come together to discuss challenging cases.

That high degree of interaction and extra time spent with patients mean individual physicians at Metrodora spend less

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time doing procedures, the opposite of what U.S. healthcare system payment models have historically favored.

“Big systems would rather have their clinicians doing procedures than spending time with and thinking about their patients,” said Pace. “We’re investing in care programs that maybe aren’t as profitable, but aren’t competing against ones that are.” Metrodora not only believes it won’t have to compete with larger health systems, it is designed to avoid the internal competition among clinicians and departments often found within those systems.

Simo and Pace said the Institute’s interdisciplinary approach and focus on the neuroimmune axis uniquely position it to access a market that is “very untapped.” They expect its clinical operations to both sustain its business and allow it to work toward the goal of advancing new treatments.

“Our big thesis is that the next decade of scientific discovery is going to come from looking at the interaction between different body systems,” said Simo.

Pace said that in addition to being inadequately clinically addressed, research on many autoimmune diseases is too narrow, citing rheumatoid arthritis as an example. Outcome measures in clinical studies of RA therapies are generally restricted to stopping joint destruction and overlook “the fatigue and the depression” that accompany the disease. “That means we haven’t fully addressed that neuroimmune component,” said Pace.

Simo added: “When I started talking to scientists in the space, I realized they were doing very narrow studies on a couple of patients, and sometimes they had never even talked to a

patient,” she said. “The research being done wasn’t informed by patients or clinical practice.”

Metrodora aims to bootstrap research by building a biobank and data repository of unprecedented depth, breadth and standardization, which it will share with academics and biopharma companies.

“When we go to academic centers and ask them what has limited their research, they talk about access to patient data,” said Simo. “To get access to 20 blood samples or skin biopsies can take literally years, and even then, they just get the sample. They don’t get the full patient information over multiple months.”

The institute is collecting biological samples including skin biopsies, blood, gastrointestinal mucosal biopsies and urine samples, as well as survey data and longitudinal digital biometric data. The latter are being obtained via a partnership with Biofourmis Inc., whose wearable sensors can measure heart rate, blood pressure, glucose levels and electrocardiograms after patients have left the clinic.

The institute also aims to enroll its patients in clinical trials, such as a Phase II study of Vyvgart efgartigimod alfa-fcab from argenx S.E. (Euronext:ARGX; NASDAQ:ARGX) to treat long COVID. FDA approved Vyvgart, an FCRN antagonist, last October to treat myasthenia gravis. It is not yet approved for long COVID.

Pace said patients can self-refer to the institute, which is negotiating contracts with commercial payers. It is also getting referrals from all over the country, including NIH. “We have built something that solves a huge unmet need that both clinicians and patients recognize.”

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NEWSROOM

news@biocentury.com

SAN CARLOS, CA

+1 650-595-5333; Fax: +1 650-595-5589

CHICAGO

+1 312-755-0798; Fax: +1 650-595-5589

WASHINGTON, DC

+1 202-462-9582; Fax: +1 202-667-2922

UNITED KINGDOM

+44 (0)1865-512184; Fax: +1 650-595-5589

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