Roundtable Session 2 – Table 9 – Challenges and Best Practices for Partnering Between Academia and Industry

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Abstract:

At this table, participants will explore the key challenges and best practices in fostering effective partnerships between academia and the biopharmaceutical industry. The discussion will highlight cultural and operational differences, strategies for aligning goals and managing intellectual property, and the importance of trust, transparency, and mutual benefit. Participants will also consider how training, communication, and institutional support structures can strengthen future collaborative success.

Discussion:

- What are the primary cultural or operational differences between academic institutions and biopharmaceutical companies that can hinder effective collaboration?
- How can academic researchers and industry sponsors align their goals when timelines, incentives, and success metrics differ?
- How can both sectors design partnerships that prioritize patient benefit without compromising scientific integrity or commercial viability?
- What lessons can be learned from successful academic–industry partnerships, and how can those be standardized or scaled?
- How might academic curricula or career development programs evolve to better prepare researchers for industry collaboration?

Notes:

- There were a lot of open free flowing discussions that were not quite relevant to this topic, but it was all appreciated.

In both corporate and academia world, there is tension between research and development

- How people approach Drug development has been different between academia and corporate. Also, differences between having an engineer or PhD mindset.

Industry collaboration with academia and industry: what went well and what didn't go well

What went well:

Worked well, when what the academia was clear on what they are responsible for and what industry was responsible (delineation of responsibility and more understanding)
When timelines were generated together and agreed together.
Ex: When ran into a problem in development side, you could feedback to the academic group to consult with them

- When government collaborations are also involved

What didn't work and can be improved:

- Academic group felt they knew everything and dictated what will happen in the development side.
- Non-GMP development in GMP plan, Flexibility is important, and scale and timelines are important.
- When something is already in the clinic (There are more friction between researcher and industry)
- CDMO have platform where not everything fits all (need to have a better personalized plan)
- Takes a lot of oversight from industry
- Academic relation mediated by the government with industry (a lot of times through NIH) having the flexibility to partner with the right people is important.
- Maybe not enough funding
- Boxed into their limited timeline (both academia and industry)
- Need to be more of a partnership with industry and academia:
- Clear communication, clear defined roles are needed between industry and academia
- It doesn't work when one side thinks they know it all (Ex: when there is a physical IND in place by academia, academia have know it all mentality)
- Need wide resources (databases). Great collaboration when it is neutral between academia and industry.
- Academia and industry expectations are different, need better expectations
  * Mismatch between academia and industry: Need better negotiations for expectations

*Ex: exclusive license are so tight and expensive. Series of meetings, from academia the hope to have an exclusive license. In the end, interesting technology was developed, none was adopted by the industry. Clear communication was not there, and expectation was not met for academia.

- some universities have GMP manufacturing facilities: went to clinical trials→ company to launch the product. However, often industry has to start over, and so can't rely on GMP in academia settings.

-Good example of when Academia and Industry came together: Covid vaccine timing

-Should academia form a CDMO? (academically funded CDMO can't go beyond Ph2), great initial clinical results, need commercial CDMO to go beyond.

- Not necessarily agree with this
- Academia to industry, faster to patient?