

Mark Rigby

I have a longstanding history of involvement in Type 1 diabetes (T1D) research, having conducted my PhD thesis work in a T1D immunology laboratory studying the T cells in preclinical T1D models over two decades ago, and continued research during my fellowship training on hematopoietic chimerism for islet transplant tolerance. As a junior faculty, I had a joint appointment in Emory University's Transplant Center where I studied costimulation blockade to prevent T1D in murine models and other preclinical (including non-human primate) and clinical studies related to immune regulation. I also focused at bringing the fundamental science of immunology and immune regulation into the clinic by participating in and leading clinical trials in T1D and other autoimmune disease. I conceived of and led a very successful study of alefacept (LFA3Ig; T1DAL) with the Immune Tolerance Network, participated in studies of thymoglobulin, alpha-1-antitrypsi and other T1D intervention trials. In addition to my interest in T1D, I am a board-certified pediatrician and intensivist with a research focus in critical illness hyperglycemia. I have received multiple grants, including from the ADA, JDRF, and NIH, for studies related to T1D and critical illness hyperglycemia. Following a successful career in academics I joined Janssen Pharmaceutical in their Immunology Early Development group where, in addition to developing Phase 1/FIH studies of novel immune modulators for a spectrum of autoimmune diseases, I led programs and studies of their TNF-alpha blocker, SIMPONI (golimumab) in recent onset T1D (T1GER) and presymptomatic Stage 2 T1D (T1GER PAWS). I recently worked at Provention Bio, a new company focused at developing novel therapies for autoimmune diseases including T1D, as Vice President of Clinical Development. The primary project is one which has a focus of a Phase 3 study of teplizumab for new onset T1D. A primary goal of mine is to work as part of the T1D community to get the first disease modifying therapy approved for children and adolescents with T1D.