

# PXT864 Overview

January 2020



# Alzheimer's Disease

## CHARACTERISTICS / SYMPTOMS

Irreversible, progressive neurodegeneration leading to a state of dementia

## POPULATION

1 in 8 people 65+ suffer from Alzheimer's disease  
>130 million worldwide cases expected by 2050 unless effective treatments discovered  
>20 million expected in China by 2050

## TREATMENT OPTIONS

Poorly efficient on symptoms with frequent side effects and tolerability issues

- **Cholinesterase inhibitor (essentially donepezil)**
- **NMDA receptor antagonist (memantine)**

## OUTCOME

Any better symptomatic relief and/or disease-modifying effects would be a success

## CAUSE

Cause not entirely known, though characterized by accumulation of amyloid-beta (A $\beta$ ) and NFT in the brain

## PXT864 BARRIERS TO ENTRY

Robust IP including composition of matter until at least 2032

# New Mechanism of Action: Correcting chemical imbalance in the diseased brain

## Disease at-a-glance

### Healthy brain



### Diseased brain



Glu: Glutamate

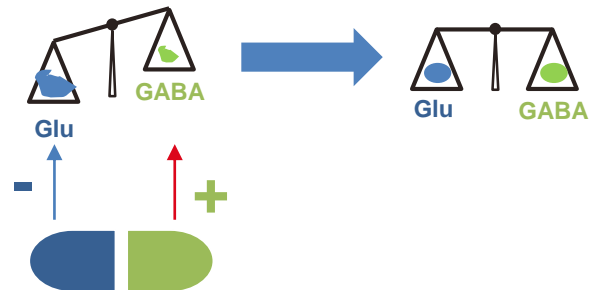
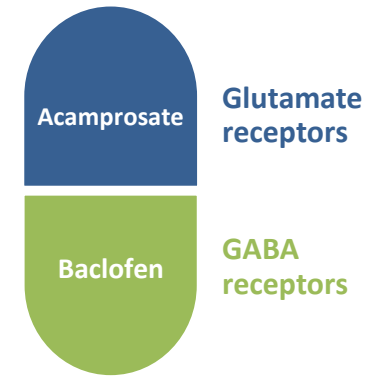
E/I i.e. GLU excitation / GABA inhibition

## Vicious circle occurring in AD brain



Upstream of **Aβ -Tau**  
imbalanced cells overproduce each

## PXT864 to break the vicious circle

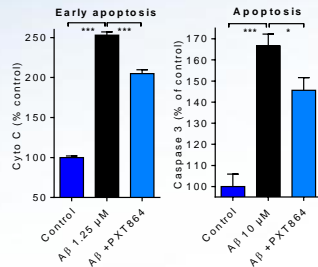


**“Therapeutics that correct the E/I imbalance in early AD may prevent neuronal dysfunction, cell loss and cognitive impairments associated with later stages of the disease” Busche and Konnerth 2016**

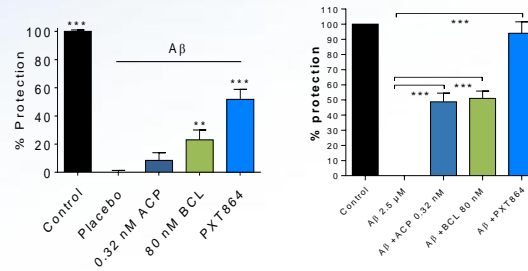
(Govindpani 2017;; Talantova 2013)

# PXT864 Multitropic Activity *in vitro*

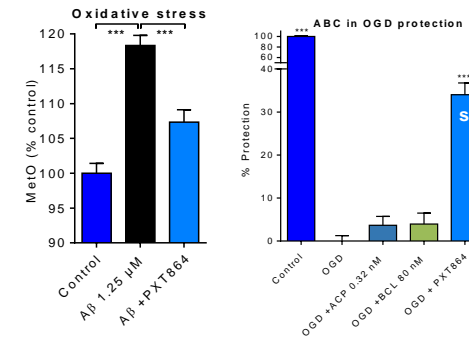
## Protects against apoptosis



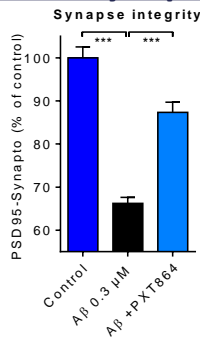
## Protects neurons



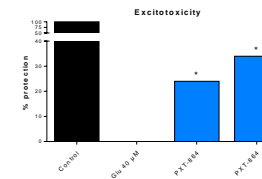
## Prevents oxidative stress



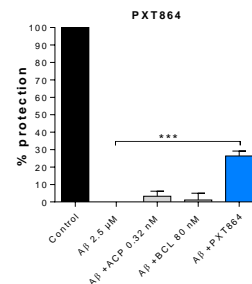
## Preserve Synapses



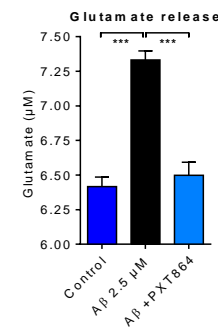
## Prevents excitotoxicity



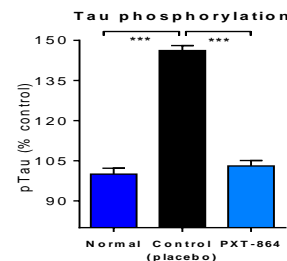
## Protects vessels



## Decreases glutamate level



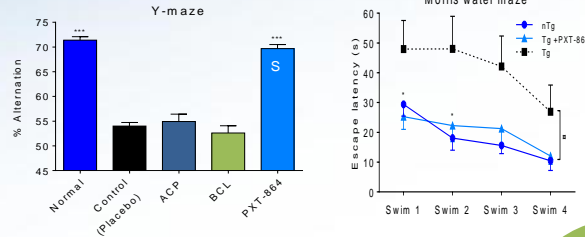
## Reduces Phospho tau



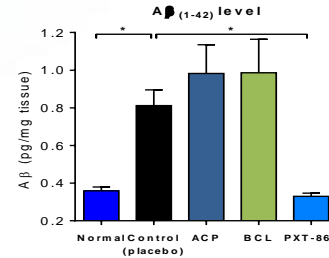
(Chumakov *et al.*, 2015)

# PXT864 Multitropic Efficacy *in vivo*

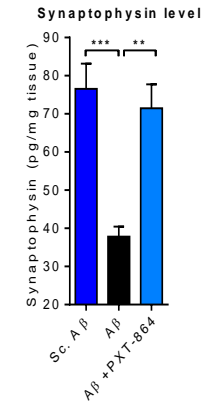
## Alleviates cognitive deficits



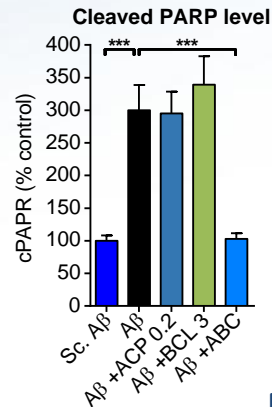
## Reduces A $\beta$ levels



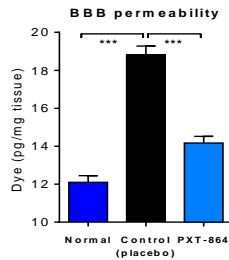
## Preserve Synapses



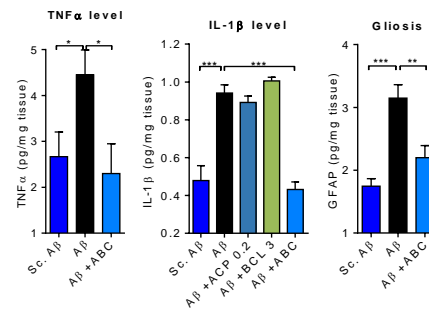
## Protects against apoptosis



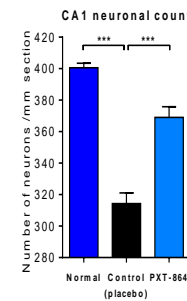
## Protects the BBB



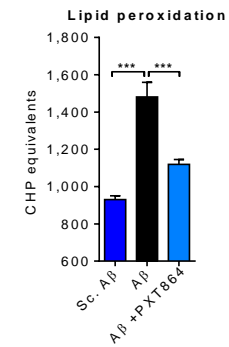
## Decreases inflammation



## Protects neurons

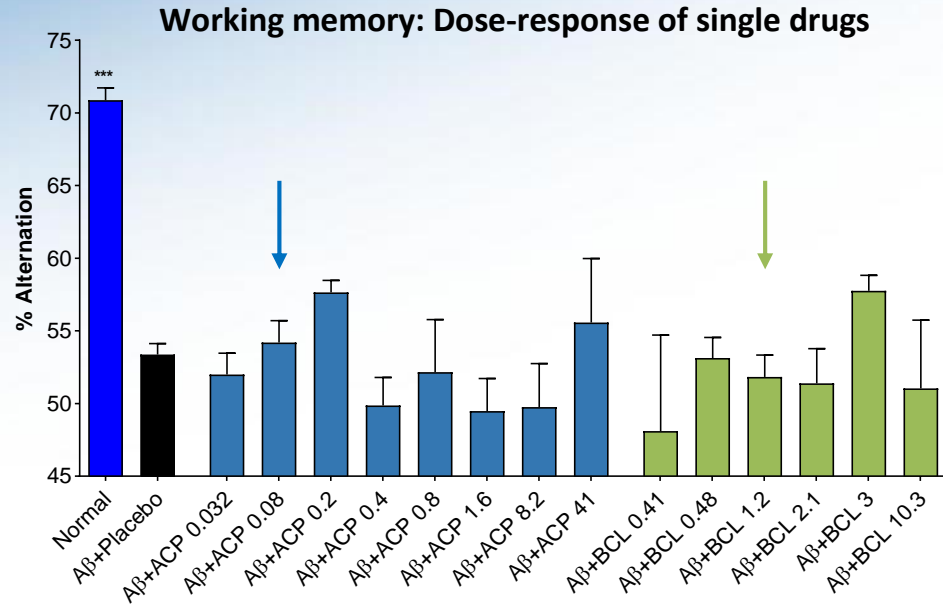


## Prevents oxidative stress



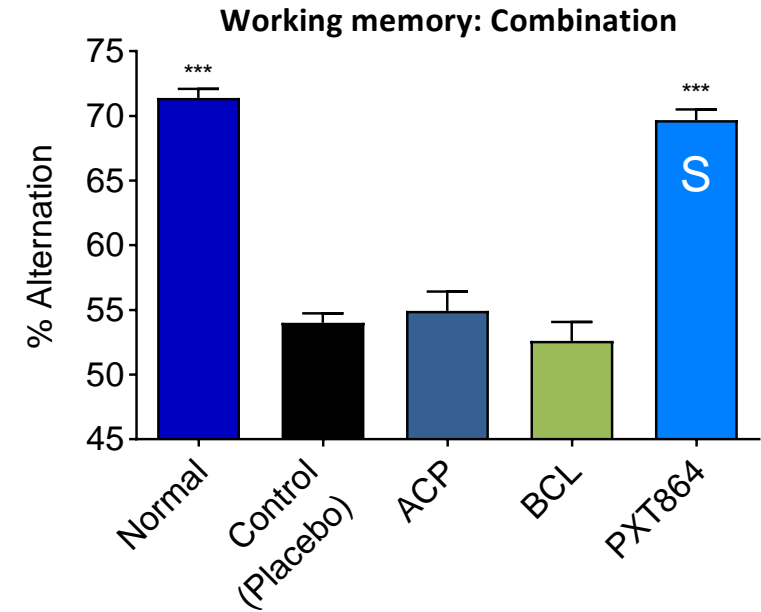
(Chumakov et al., 2015)

# PXT864 is Efficacious Synergistically in AD Animals



Acamprosate

Baclofen



Acamprosate Baclofen

# PLEODIAL: Exploratory Phase 2a Trial Design

- 45 mild naïve AD patients treated by 3 doses:
- Clinically diagnosed but low mean Log Aβ<sub>42/40</sub>
- 7 centers in France
- Assessed at 0,3,6,9 months
- 9 clinical endpoints, open label, single blind

(mg)	Acamprosate	Baclofen
Dose 1	0,8	12
Dose 2	2	30
Dose 3	40	24

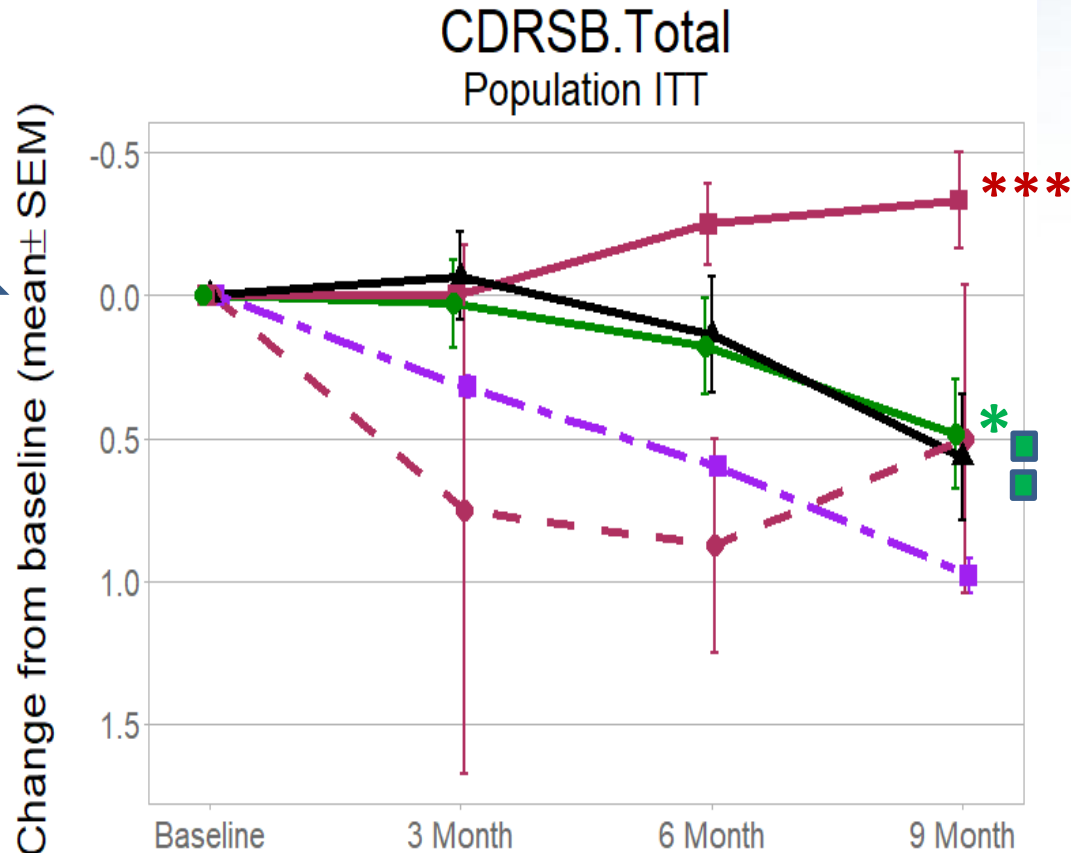
## Functions assessed by each endpoint

	Memory	Orientation	Language	Attention	Visuospatial	Executive function	speed	Daily activity	Social interaction
Adas Cog	█	█	█	█	█	█			
CDRSB	█	█	█	█	█	█		█	█
IADL		█	█	█	█	█	█	█	
TMT A			█	█	█	█	█		
TMT B			█	█	█	█	█		
ZAZO			█	█	█	█			
Apathy Inventory			█	█	█	█		█	█
DSST			█	█	█	█	█		
ISAAC	█		█	█	█	█			

- Biomarker: Plasma Aβ<sub>42/40</sub> assessed by Quanterix

# PXT864 on CDR-SB

Analysing Individual Plasma Drug Exposure Response Rather Than Ingested Dose Response  
 A Higher Dose Could Rapidly Generate Partial Recovery Rather Than Less Decline With No Safety Concerns



- ◆ All patients pooled
- Highest drug exposure
- ▲ Intermediate drug exposure
- ◆ Lowest drug exposure
- Historical placebo

	Acamprosate	Baclofen
Approved dose	2000 mg	80 mg
Ingested dose 3	40 mg	24 mg
Next dose to be tested	400 mg	24 mg

Biogen ENGAGE : 9 months high dose Aducanumab: ~ 0,5 pts decline / 116 patients  
 Biogen EMERGE : 9 months high dose Aducanumab: ~ 0,7 pts decline / 146 patients

Both analyses with patients with sufficient exposure  
 ( increasing dose limited by safety concerns)

All patients pooled	37	37	37	36
Highest	4	4	4	3
Intermediate	29	29	29	29
Lowest	4	4	4	4
Historical placebo	-	1139	2661	990

\*\*\* p = 3e-13 Highest drug exposure versus historical placebo

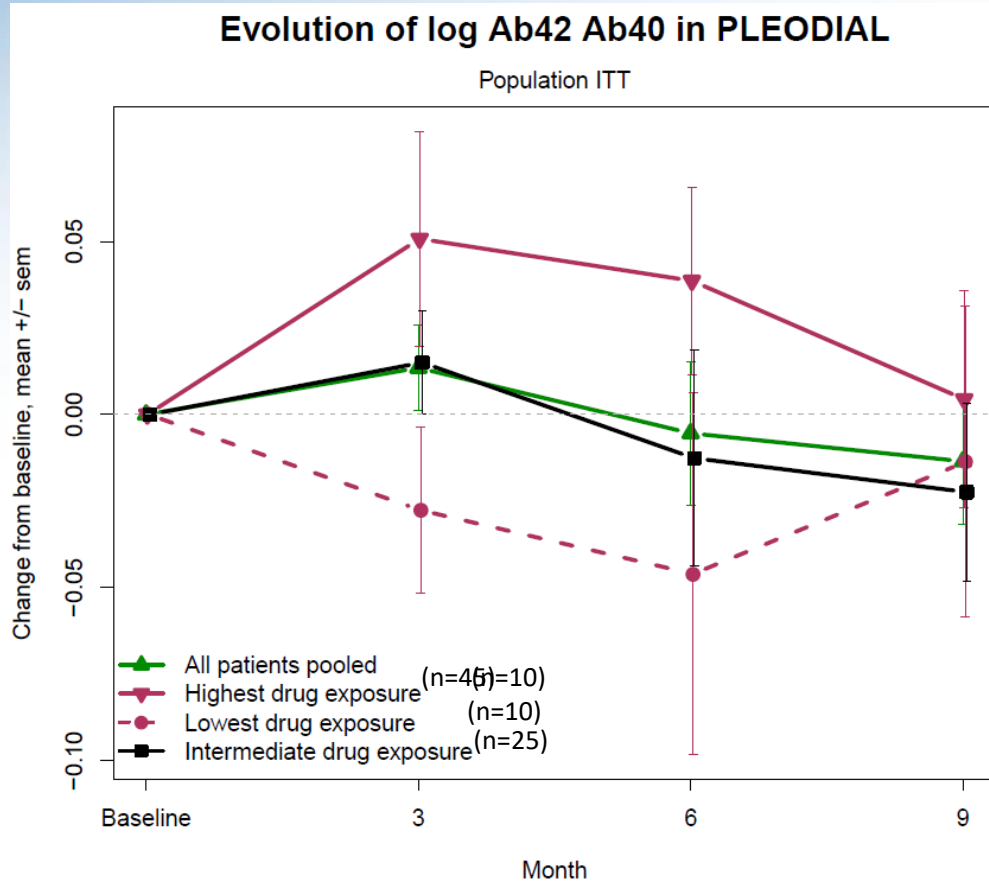
\* p = 0.013 All patients versus historical placebo



# Plasma $A\beta_{42/40}$

Analysing Individual Plasma Drug Exposure Response Rather Than Ingested Dose Response  
 Improvement At 3 And 6 Months But A Higher Dose Could Rapidly Generate Sustained Effect

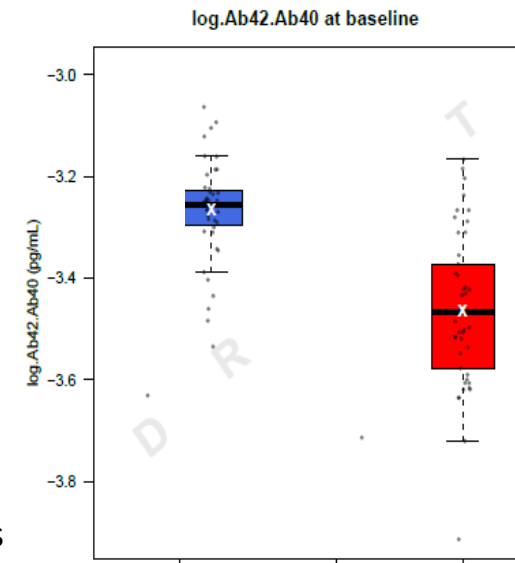
Improvement



Drug exposure =  $C_{max}$  for both drugs

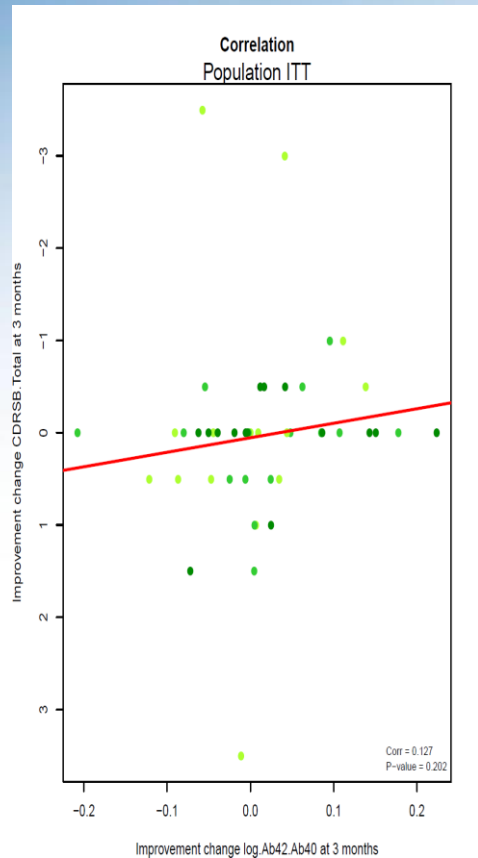
	Acamprosate	Baclofen
Approved dose	2000 mg	80 mg
Ingested dose 3	40 mg	24 mg
Next dose to be tested	400 mg	24 mg

Elderly controls  
 Enrolled AD patients



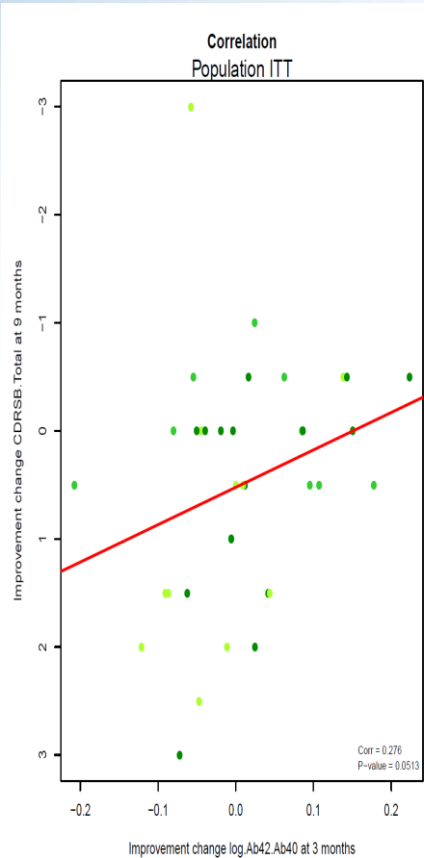
# Plasma A $\beta_{42/40}$ 3-Month Improvement Correlates With Clinical Improvement: At 9 Months Rather Than At 3 Months Suggesting a “From Molecular To Clinical” Delayed Effect

3-Month CDR-SB improvement

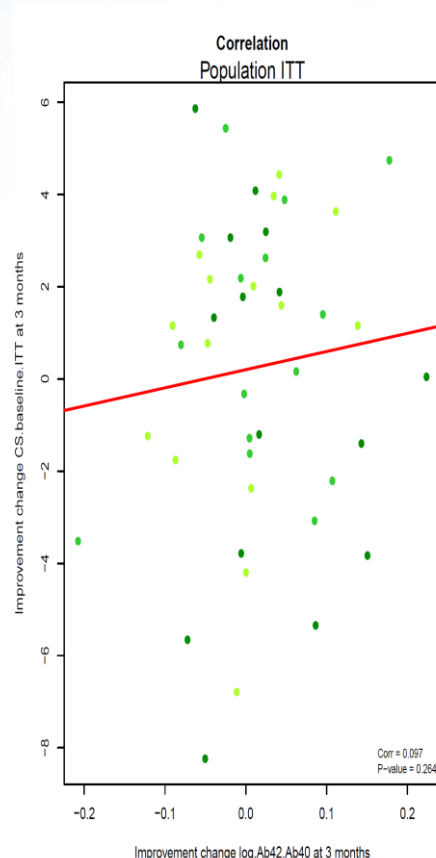


Biomarker 3-Month improvement

9-Month CDR-SB improvement

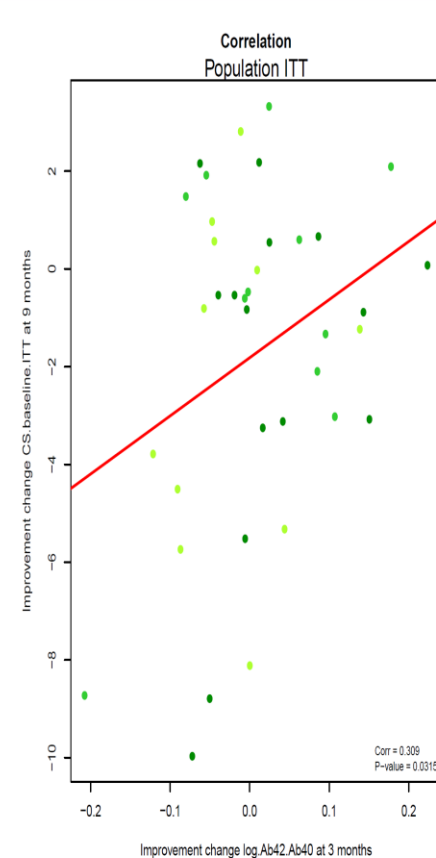


3-Month Composite score (CS)\* improvement



Biomarker 3-Month improvement

9-Month Composite score (CS) improvement



\* Composite score of all clinical endpoints.

# PXT864 in Alzheimer's Disease Overview

**Higher doses of PXT864 have potential to demonstrate a sustained therapeutic effect on Alzheimer's Disease, due to the following advantages:**

- **Strong safety profile**
- **Can be co-administered with already approved drugs in AD**
- **Can be synergistic with other NCEs to create a powerful novel new entity**