Special Report

Drug Repurposing



Repurposing Anti-cancer Drugs for Treatment of Alzheimer's Disease



Alzheimer's Disease (AD) – An Overview

AD is a progressive disease that begins 10–20 years prior to symptoms detection; with ~ 47Mn patients globally, the current therapy options target symptom management

A neurodegenerative disease with slow onset and progressive impairment of behavioral and cognitive functions



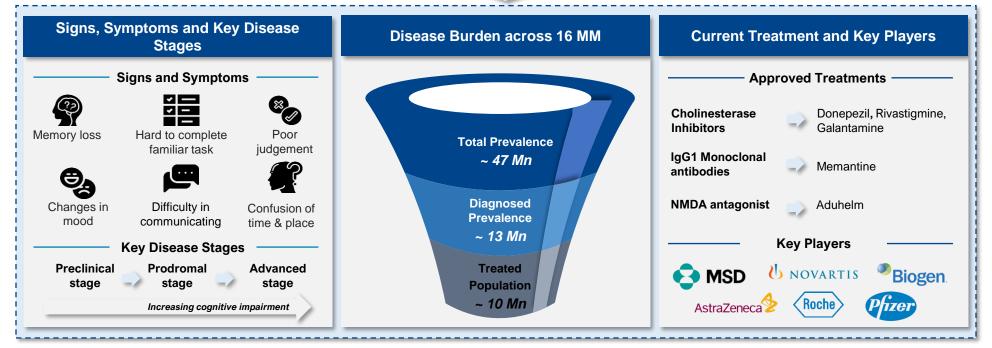
Early onset is rarely observed in those below 65 years (account for ~ ≤ 10% AD patients)



Today, more than 25 Mn people globally are affected by dementia, most suffering from AD



There is no cure for AD – treatments currently available only improve some symptoms





Current Unmet Needs

The disease has an enormous impact on patients, and especially caregivers; provision of adequate care/support has become a necessity that needs to be addressed

Unmet need

Humanistic burden

- Patients with AD require long-term care, thus causing emotional and psychological distress among family members and caregivers.
- Adult-child caregivers
 experience higher burden
 than spousal caregivers
 despite spending less
 time caregiving.
- It is among the most pressing issues in healthcare.

~60%

Caregivers with high / very high emotional stress

~40%

Caregivers that suffer from depression due to AD

~2/3rd

Patients are cared by their spouse

Economic burden

- In the US, the economic burden is expected to increase at an alarming rate in the coming years; treatment costs in 2022 was estimated at ~USD 321 Bn.
- Medicare beneficiary patients pay \$9,844 out of pocket annually for healthcare and long-term care services.

Medicare **USD 146 Bn**

Medicaid USD 60 Bn

Out of pocket **USD 81 Bn**

Other **USD 34 Bn**

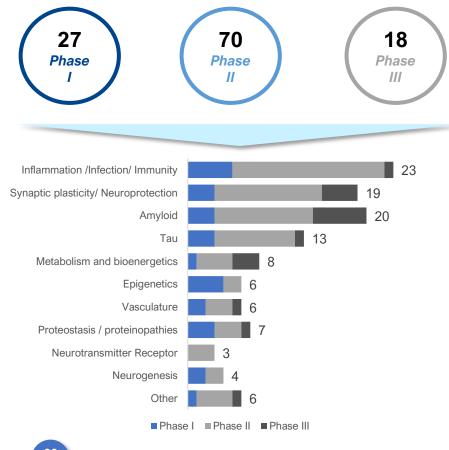
Clinical burden

- Need to improve validation of potential drug targets
- Lack of better understanding of why some neurons die and others are resistant to cell death to identify novel drug targets
- Challenges in translating newly identified genetic risk factors and lack of approaches to assess drug-target engagement in humans
- Inappropriate choice of subject populations for proof-of-concept clinical trials
- Lack of proof of target engagement demonstration in early clinical development



Current Clinical Trial landscape for Alzheimer's Disease

Innovators are trying to address another significant unmet need – lack of disease-modifying therapies (DMT) in the current regimen; although multiple candidates reach the late-stage, failure rates remain high



- Several symptomatic therapies currently exist in the market. However, there are no disease-modifying therapies to cure AD
- To address this issue, innovators are exploring multiple DMTs. Many promising DMTs are currently in the late-stage of development
- These therapies are vying to reach breakthrough status post Biogen's Aduhelm (aducanumab), which became the first DMT to reach the AD market in early June 2021
- However, despite the investigation of novel molecules, ~200 candidates have either been abandoned or failed in late-stage clinical trials in 3 years.
- The high rates of failure can be attributed to the unpredictability of the symptoms (which emerge after a decade)

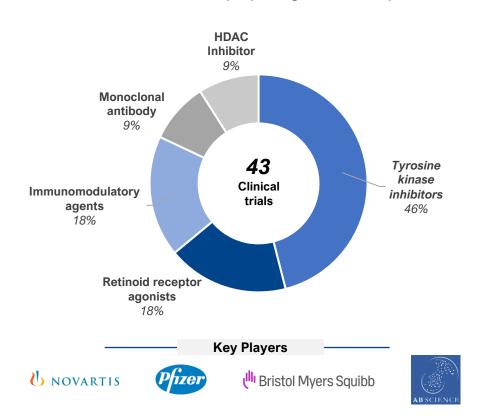
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AD drug candidates have one of the highest failure rates of any disease area – 99.6%, compared with 81% for cancer.



FDA approved anticancer drugs in trials for Alzheimer's disease

Recent research regarding approved anticancer drugs demonstrating promising effects for AD has triggered interest among innovators in the context of repurposing these therapies





- Studies suggest that cancer and AD share some familiar biological hallmarks, and a significant link exists between cancer history and AD neuropathology.
- A study established an interrelationship between cancer and AD at the transcription level.
- The studies compared differentially expressed genes between AD and nine different cancers, and found that glioblastoma multiforme shared a strong correlation with AD.
- This interplay between cancer and AD will help in shortening the clinical development by years.

"We are really very excited, because these findings suggest we can repurpose approved anti-cancer drugs for use as treatments for Alzheimer's disease. It could shorten the clinical development by years." – Researcher, Centre for Blood Research, Vancouver.



Anticancer drug class, mechanism of action and therapeutic rationale for repurposing in AD

Studies suggest that dementia and many site-specific cancers share one or more common molecular mechanisms, such as signaling pathways and Pin enzyme...

Molecule	Company name	Drug class	Role in cancer	Rationale for therapeutic purpose in AD
Bosutinib	Pfizer	Tyrosine kinase inhibitor	The primary target is the BCR-ABL kinase. Inhibition of several tyrosine kinases	Increase in blood and brain IL-10 and soluble CX3CL1 protein
Masitinib	AB Science		Inhibits the receptor tyrosine kinase c-Kit. Inhibition of PDGFR, Lck, FAK, and FGFR3	Inhibits c-Kit receptor in mast cells. It is capable of blocking Fyn that is involved in tau phosphorylation. Cognitive improvements as a result of Fyn inhibition
Dasatinib	Bristol-Myers Squibb		Inhibits BCR-ABL, SRC family kinases, c-Kit, EPHA2, and PDGFR β	Removal of senescent cells from the plaque environment Inhibits amyloid-dependent microgliosis
Nilotinib	Novartis		Antiproliferative effects through inhibition of several kinases (BCR-ABL, c-Kit and PDGF, PI3K-Akt, JACK-STAT)	Abl inhibition facilitates amyloid clearance and reduces inflammation. Upregulation of soluble CX3CL1
Pexidartinib	Daiichi Sankyo		Inhibits the colony-stimulating factor (CSF1)/CSF1 receptor pathway	Reduction in microglial neuroinflammation
Axitinib	University of British Columbia (UBC)		Inhibits tyrosine kinase receptors, including VEGFR-1, VEGFR-2, and VEGFR-3	Blocks a receptor in the brain called a tyrosine kinase receptor, which is partly responsible for spurring blood vessel formation

Anticancer drug class, mechanism of action and therapeutic rationale for repurposing in Alzheimer's disease.

...also suggest that anticancer drugs may act as disease-modifying therapies once the AD-related neurodegenerative process starts

Molecule	Company name	Drug class	Role in cancer	Rationale for therapeutic purpose in AD
Vorinostat	German Center for Neurodegener- ative Diseases	HDAC inhibitor	Antiproliferative effect through modulation of histone acetylase activity	Restoration of synaptic plasticity $Improved\ memory\ long-term\ potentiation,$ $reduction\ in\ A\beta\ and\ tau\ pathology$
Bexarotene	Ligand Pharmaceutical	Retinoid X receptor agonist	Inhibition of cell cycle progression, prevention of multidrug resistance, inhibition of angiogenesis and metastasis	Alter CSF levels of ApoE Inhibition of Aβ42 aggregation
Tamibarotene	Osaka City University		Specific agonist for retinoic acid receptor alpha/beta with possible binding to retinoid X receptors (RXR)	Decreased insoluble Aβ 42 deposition and increased VAChT and ACh in the brain and reduction of neuroinflammation
Thalidomide	Celgene Corporation	Immuno modula- tory agent	Possible anti-TNF-α effects May act as a VEGF inhibitor	Reduction of A β , inhibition of the expression of BACE1 enzyme. Reduction of proinflammatory TNF- α
Lenalidomide	Celgene Corporation		Tumor cell apoptosis by inhibition of bone marrow stromal cell support, by anti-angiogenic, anti- osteoclastogenic effects, and immunomodulatory activity	Reduction of the expression of TNF-α, IL-6, IL-8 Increase the expression of anti-inflammatory cytokines
Daratumumab	Marc L Gordon, MD	mAB	Targeting and induction of apoptosis in cells that highly express CD38	AD pathology is attenuated in CD38-deficient mouse model



Investing in emerging areas of healthcare – How can Aranca help?

For more information on this space or any other research needs, Aranca can prove to be a suitable partner

Research, consolidation, and insightful analysis to aid in-depth understanding of therapy and effective decision-making

Therapy Landscape

In-depth understanding of various fundamental therapy parameters



Assessment of current competitive landscape and available treatment options

Pricing and Access

Evaluation of various competitor pricing and market access models













Epidemiology

Identification of patient opportunity in key markets across the globe

Pipeline Analysis

Competitor asset evaluation across various clinical trial phases

Disease Burden and Unmet Need

Evaluation of economic and humanistic burden of disease and key unmet needs

COMMERCIAL OPPORTUNITY

Mapping key differentiators | Identifying key market unmet needs | Framing a strong value proposition



How can Aranca help?

Healthcare companies leverage our services for various business needs

Our point solutions across the product lifecycle:

Research and Innovation

- Market Opportunity
 Assessment
- Indication Prioritization
- Product Value Proposition
 Development
- Competitor Analysis
- Clinical Trial Analysis
- Pricing and Market Access

Manufacturing/Operations

- Long-term Demand Capacity
 Planning
- Product Portfolio Optimization
- Inventory Planning
- Value Chain Analysis
- Supplier Identification & Deep Dives
- Best Cost Sourcing Analysis

Lifecycle Management

- Product Launch Support
- Brand Strategy & Communication
- New Indication/New Market Assessments
- Loss of Exclusivity Planning
- In-/Out-Licensing a Product

Corporate Development

- Licensing & Acquisition Support
- Partner Identification
- Asset/Partner Screening
- Due Diligence
- Evaluation of Collaboration Options
- Revenue Forecast Models



Enabling clients to explore market opportunity for novel drugs, formulations and indications



Supporting clients on queries regarding running their business operations efficiently



Managing the product through different stages of its lifecycle by deploying specific strategies that ensure maximum ROI and profitability



Identifying collaboration opportunities that enable clients to enter new therapy areas or markets through successful partnerships



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