

## Neuroscience, the Future is Bright



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### **Neuroscience Disease Areas of Focus**



Marketed/ late stage (Ph3/Pivotal) Neuroimmunology



Multiple **Sclerosis** Ocrevus<sup>TM</sup>

**Neuromyelitis Optica** Anti-IL6R mAb

(Ph1-2)

(SA237)

**Alzheimer** 



Alzheimer **Disease** Crenezumab Gantenerumab

**Atrophy** Olesoxime SMN(2) splicer Duchenne

**Spinal** 

Muscular

Muscular **Dystrophy** Anti-myostatin

Neuromuscular

**Amyotrophic Lateral Sclerosis** 

DLKi

**Psychiatry** 



Autism **Spectrum** Disorders V1a receptor antagonist

Movement **Disorders** 



**Others** 



Tau mAb

**Schizophrenia** basmisanil **TAAR1(4)** 

Huntington Disease ASO HTT (IONIS) **Parkinson Disease** 

Pain Nav1.7 ant Stroke recovery Basmisanil

Alpha-Syn mAb \* \* Pipeline Product Strategy

### **Collaborations**



- Collaboration is essential to advance science and develop new treatments.
- Diverse groups bring different perspectives on the burden of nervous system disorders and potential solutions to ease this burden.
- Clinical trials would not be possible without patients and caregivers who volunteer their time and participation.
- Patients and caregivers can provide a more complete picture of the disease and treatment effects.
- Patient groups are increasingly important partners for Roche

Some data can only be obtained through patient or caregiver reports and advocacy organizations, such as frequency of symptoms and their impact on daily life.



## **Roche Working with patient groups**

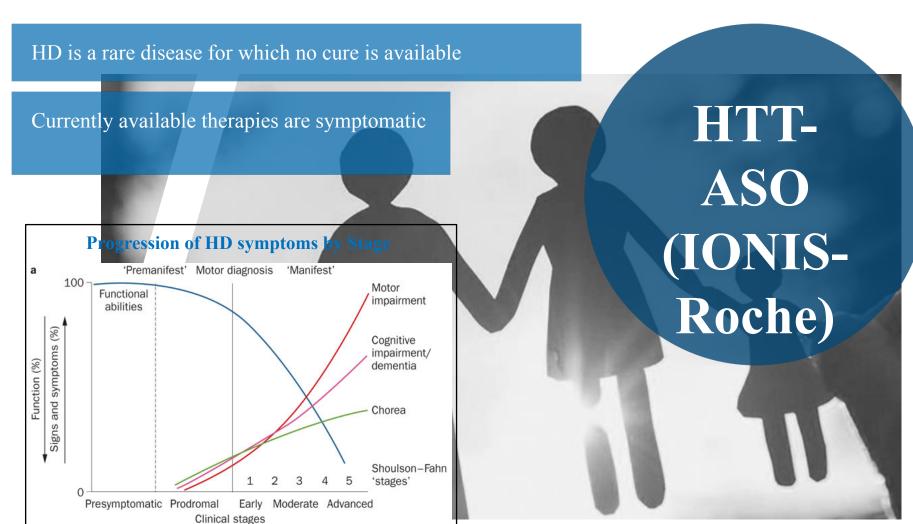
## Engagement activities along the lifecycle

Research & Early Stage Development	Late Stage Development & Commercialization		
Phase 0 Phase 1 Phase 2	Phase 3	Filing Launch	LCM
Building relationships with patient groups	Capturing patients insights and expertise and fostering relationships	Educating Community and fostering relationships	Gaining engagement with access process
<ul> <li>Patient associations mapping</li> <li>Face to Face meetings with patients groups connected to individual needs</li> <li>Attending local patient groups events(i.e. world annual events)</li> <li>Organization of Roche patient group meetings</li> <li>Patients inclusion into clinical Advisory Boards</li> </ul>	<ul> <li>Surveys</li> <li>Sharing and implementing part of the registration dossier</li> <li>Advisory Boards (PAGs, Payers, physicians)</li> <li>Face to Face meetings</li> <li>Developing of projects related to the needs or preferences of patients and/or caregivers</li> </ul>	Education through remote technologies     Personalization of message     Support to world annual events	<ul> <li>Developing of policy documents (i.e. position statement)</li> <li>Supporting the patient organizations in their advocacy activities for policy change</li> <li>Developing of common access projects</li> <li>Social listening</li> </ul>



## **Huntington Disease**

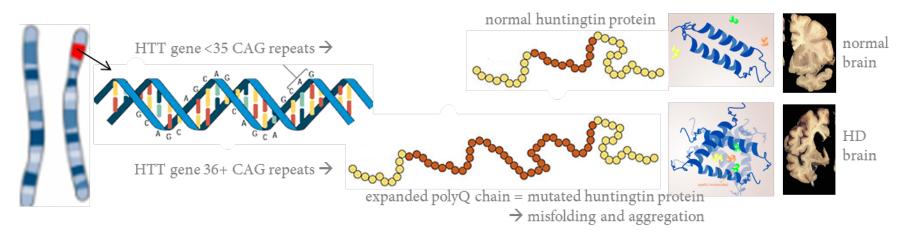
A genetic progressive, highly debilitating neurological disease



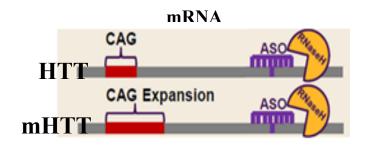


## HTT-ASO directly targets causal pathway of HD

#### Mechanism of action suppresses toxic mutant protein production



→ impaired axonal transport; mitochondrial dysfunction; transcriptional deregulation; proteasome inhibition; exocytotoxicity; synaptic dysfunction; caspase/protease activation... neuronal dysfunction & death



- ASO binds its complementary HTT mRNA (non-allele selective)
- *HTT* mRNA-ASO duplex recognized by RNaseH which selectively degrades HTT mRNA, suppressing total HTT (mutant and normal HTT) Interrupts toxic gain of function

## What makes this program "rare"



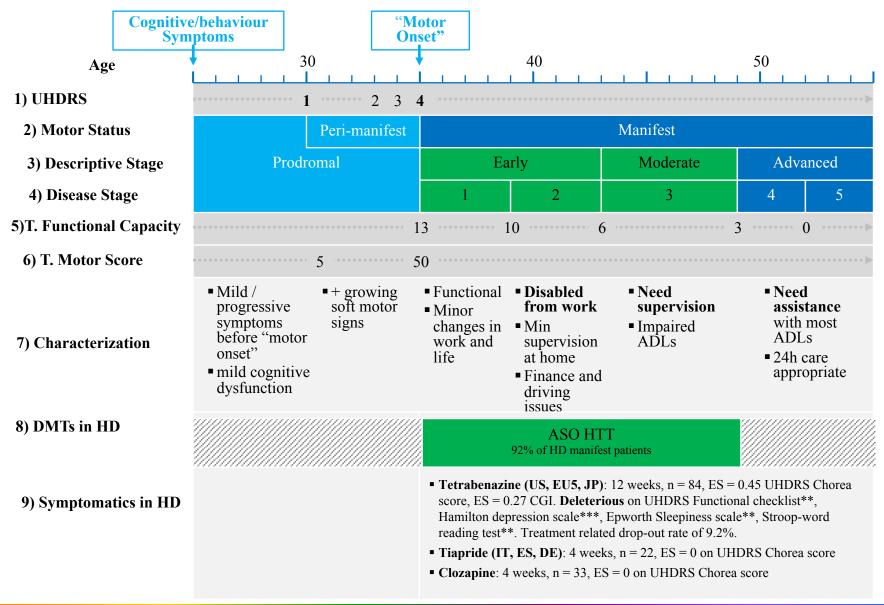
- #1 Aetiology and biology well understood
- #2 MoA linked to THE causative pathogenic pathway
- #3 BM changes correlated with disease progression





## Roche

# HTT ASO is the first-in-class disease modifier for the treatment of manifest HD patients



## Formation of cUHDRS concept from UHDRS

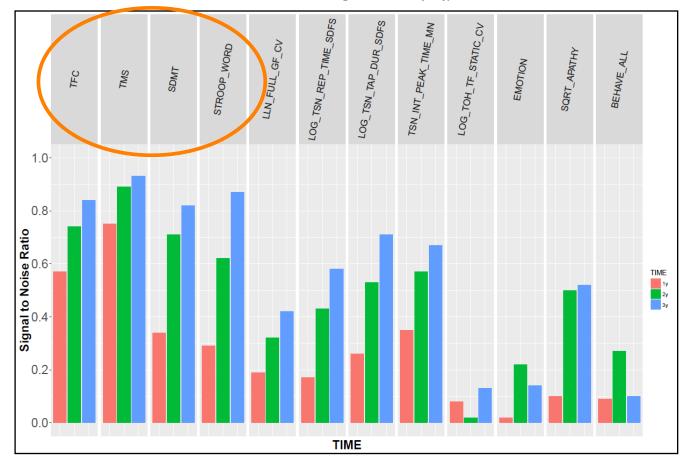


Discovery of a linked pattern of longitudinal clinical change in individual UHDRS items

Discovery of a 'cognitive-motor-functional' progression factor (TMS, TFC, SDMT, Stroop word)

Behavioral and quantitative motor variables less well performing, with the exception of apathy

#### TRACK-HD trial





# **Composite Unified Huntington's Disease Rating Scale** (cUHDRS)

Primary goal: better understand clinical progression across domains & identify improved outcome measures

The composite UHDRS scale would not be new but would be a **composite** built by assembling the **most sensitive instruments** from the existing UHDRS to track disease progression across motor, cognitive, behavioural and functional symptoms. The aim is to use an established scale to better capture disease progression concept.

#### **CUHDRS** Development

**Method:** Data were analysed from many individuals across four multi-site and multi-national studies of early HD.

Results: Relative to the TMS or TFS alone, a composite variable comprising

- . TMS (motor)
- . TFC (function)
- . Symbol Digit Modality Test
- . Stroop word score (cognition)

best fulfilled clinical meaningfulness criteria in an early HD population.

Several additional supportive analyses have also been conducted.

The use of the composite UHDRS is heavily supported by therapeutic area experts.

Roche will establish and pursue clinical and regulatory validation of a composite based on the UHDRS which will be used in clinical trials (paper published on Neurology).

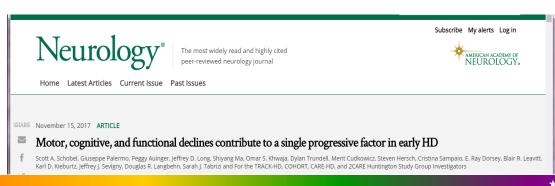
## What is a meaningful change on the cUHDRS?

- 25% treatment effect on composite: progression rate slowed by 3 months for every 12 months
- 50% treament effect on composite: progression rate slowed by 6 months for every 12 months
- Consistent treatment effects between composite & individual variables expected for treatment impacting core pathophysiology



# **Extensive academic collaborations for cUHDRS endpoint development**

- Primary goal: better understand clinical progression across domains & identify improved outcome measures
- HD biostatistics working group and data sharing between Roche, academia & HSG (2015/2016)
  - ~4,000 baseline cases, from 6 mo-11 yrs longitudina follow-up of UHDRS data
  - Prospective cohort study data: TRACK-HD, PREDICT-HD; PADDINGTON; COHORT; PHAROS
  - Placebo group trial data: CARE-HD, 2-CARE, TREND-HD, HORIZON
  - Paper published on Neurology





## **Biomarker for Huntington ASO**



#### • Target engagement

- Levels of mutant and total HTT in CSF after treatments
  - Singulex assay validated
  - Cobas Assays feasibility under evaluation

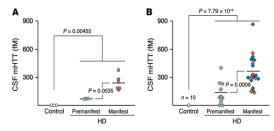
#### Proof of concept /proof of mechanism

- Downstream markers of pathology in CSF and plasma (e.g. Tau, NF-L, Neurogranin)
- MRI (structural, functional)
- PET imaging of ASO distribution using zirkonium labeled ASO
- PET imaging using ligand for aggregated mHTT (collaboration with CHDI)
- Continuous monitoring of motor function and cognition using smartphone technology

#### Diagnosis

- Diagnosis of family members straight forward (genetic testing)
- Diagnosis can be issue in patients w/o family history early genetic testing needed









### Roche leadership in digital biomarkers

Providing enhanced patient insights and novel endpoints





• Clinical trials utilizing mobiles, wearables and gaming devices:



Parkinson's Disease, Multiple Sclerosis



Spinal Muscular Atrophy, Stroke Recovery and HD

- More sensitive, precise and objective
- Continuous and longitudinal measurement captures episodic and rare events
- Reduced assessment burden and greater real-world relevance post-marketing applications
- Potential beyond neuroscience indications



#### ASO-HTT a DMT for HD

- 1) Clear mode of action
- 2) Biomarker correlation with clinical features?
- 3) Sustained effect duration?

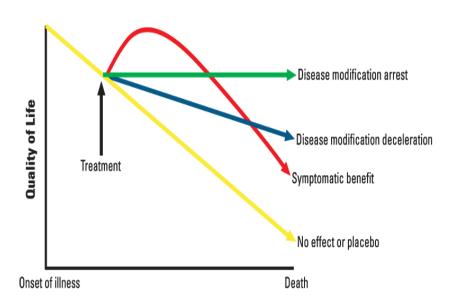
The Journal of Clinical Investigation

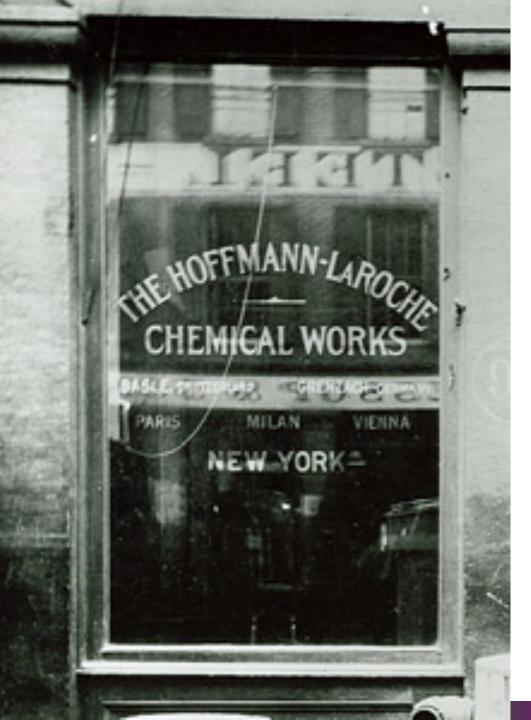
CLINICAL MEDICINE

## Quantification of mutant huntingtin protein in cerebrospinal fluid from Huntington's disease patients

Edward J. Wild,¹ Roberto Boggio,² Douglas Langbehn,³ Nicola Robertson,¹ Salman Haider,¹ James R.C. Miller,¹ Henrik Zetterberg,¹ Blair R. Leavitt,⁵ Rainer Kuhn,² Sarah J. Tabrizi,¹ Douglas Macdonald,⁵ and Andreas Weiss²

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\*CHOI Management/CHOI Foundation, Los Angeles, California, USA.







# **Building On Our Legacy**

We have a history of transforming scientific insights into breakthrough medicines for cancer.

We want to do the same for nervous system disorders with the greatest need, whether they affect millions of people or thousands.



## Doing now what patients need next