



Psychiatry: An Innovative Drug Discovery Pipeline

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Psychiatric disorders: A major worldwide burden

7 of top 20 WHO causes of disability in 2030

- | | |
|----|-------------------------|
| 2 | Unipolar depression |
| 8 | Alcohol use disorders |
| 9 | Schizophrenia |
| 10 | Self inflicted injuries |
| 11 | Bipolar disorder |
| 18 | Drug use disorders |
| 19 | Panic disorder |

- Chronic and life long diseases
- Debilitating
- Huge societal cost
- Poorly treated

Innovative and competitive drug discovery pipeline

	Phase I	Phase II
DEPRESSION & ANXIETY	pan 5HT1 ant ¹⁶³⁰⁹⁰ NK1 ant Orvepitant NK1 ant/SSRI ⁴²⁴⁸⁸⁷ CRF1 ant ^{561679†}	5HT/NE/DA rui ^{372475†} CRF1 ant ^{876008†} P38 inh ⁸⁵⁶⁵⁵³
SCHIZOPHRENIA	GlyT1 inh ¹⁰¹⁸⁹²¹ AMPA + mod ⁷²⁹³²⁷ H3 ant ²³⁹⁵¹²	DA/5HT ant ⁷⁷³⁸¹²
SLEEP DISORDERS		Orexin ant ^{649868†}
BIPOLAR DISORDER	NaChBlk ¹⁰¹⁴⁸⁰²	
DEPENDENCE & COMPULSIVITY	D3 ant ⁵⁹⁸⁸⁰⁹	Gly ant ⁴⁶⁸⁸¹⁶

† collaboration ('475 with Neurosearch, '679 & '008 with Neurocrine, '868 with HGS)

Psychiatry

Schizophrenia

Sleep disorders

Depression

The diagram features a light blue background with a large, faint, light blue circular shape. In the upper left, a dark blue oval with a white border contains the word "Psychiatry". To its right, a white rounded rectangle with an orange border contains the word "Schizophrenia". Below "Schizophrenia" is another white rounded rectangle with an orange border containing the words "Sleep disorders". At the bottom left, an orange rounded rectangle with a dark blue border contains the word "Depression" in bold, with the phrase "multiple innovative mechanisms" in a smaller font below it.

Psychiatry

Schizophrenia

Sleep disorders

Depression

multiple innovative mechanisms

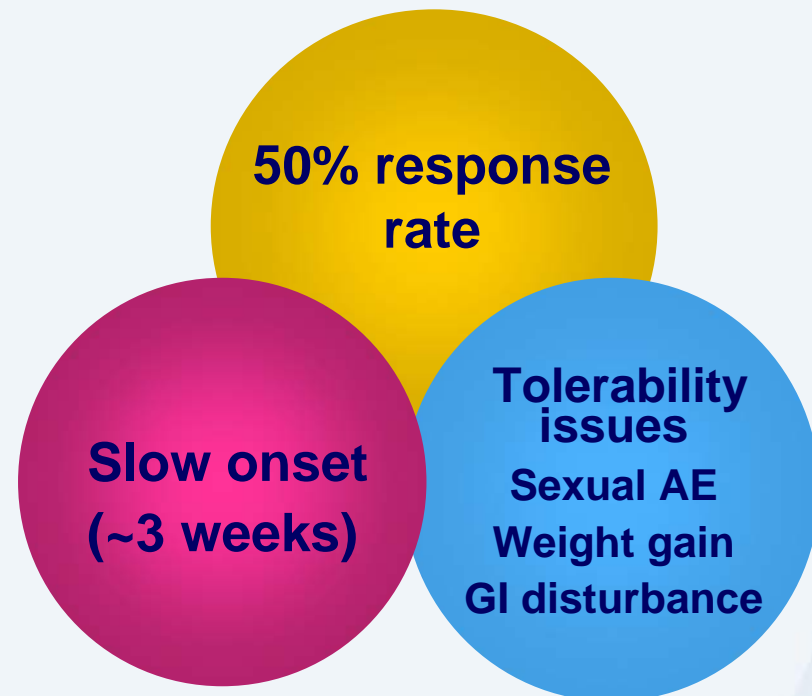
Depressive disorders: The 2nd largest burden of disability

Multiple domains affected: Mood, Pleasure, Cognition, Alertness

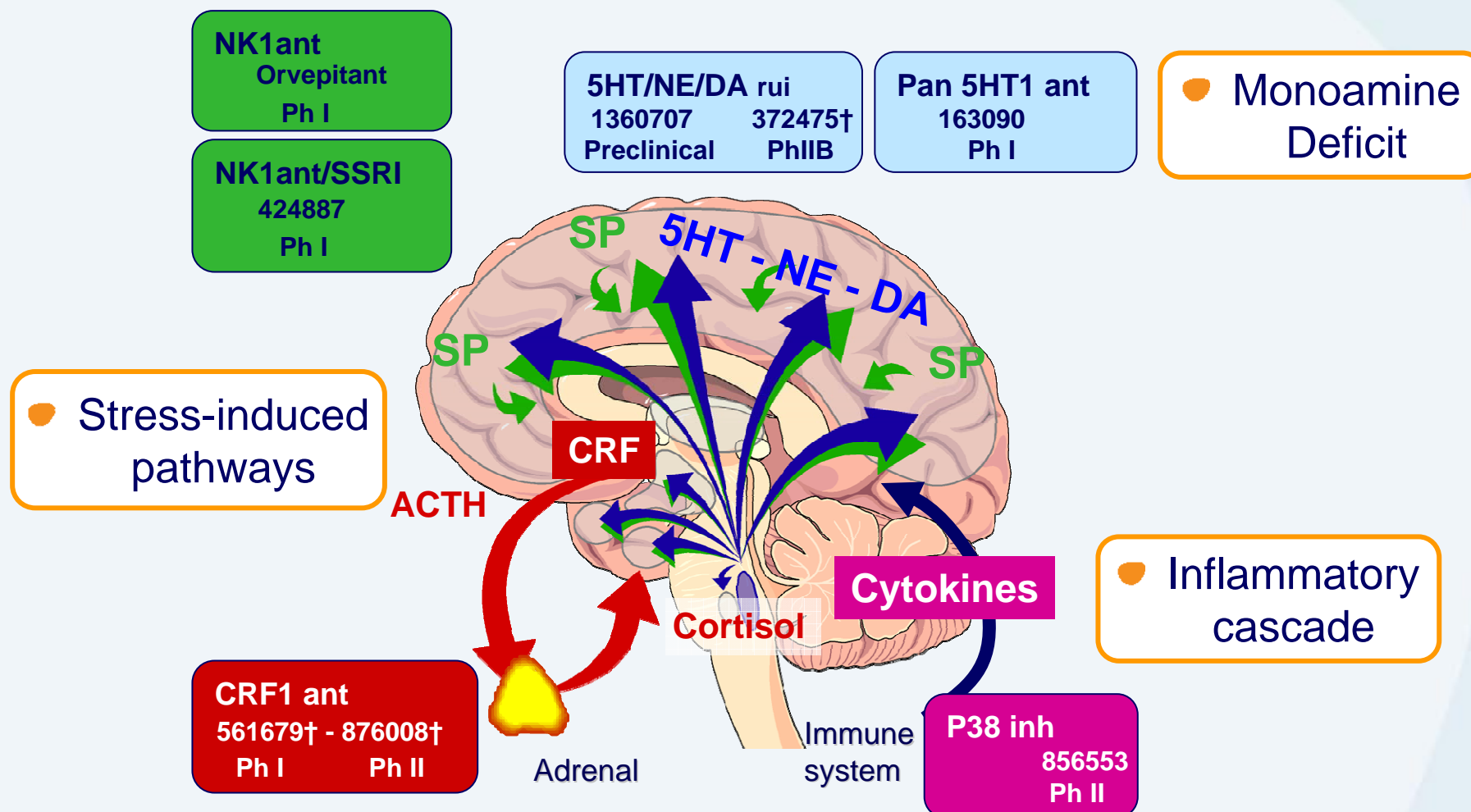
Unmet Needs

- More effective treatment
- Faster Onset
- Better Tolerability

Current Treatments

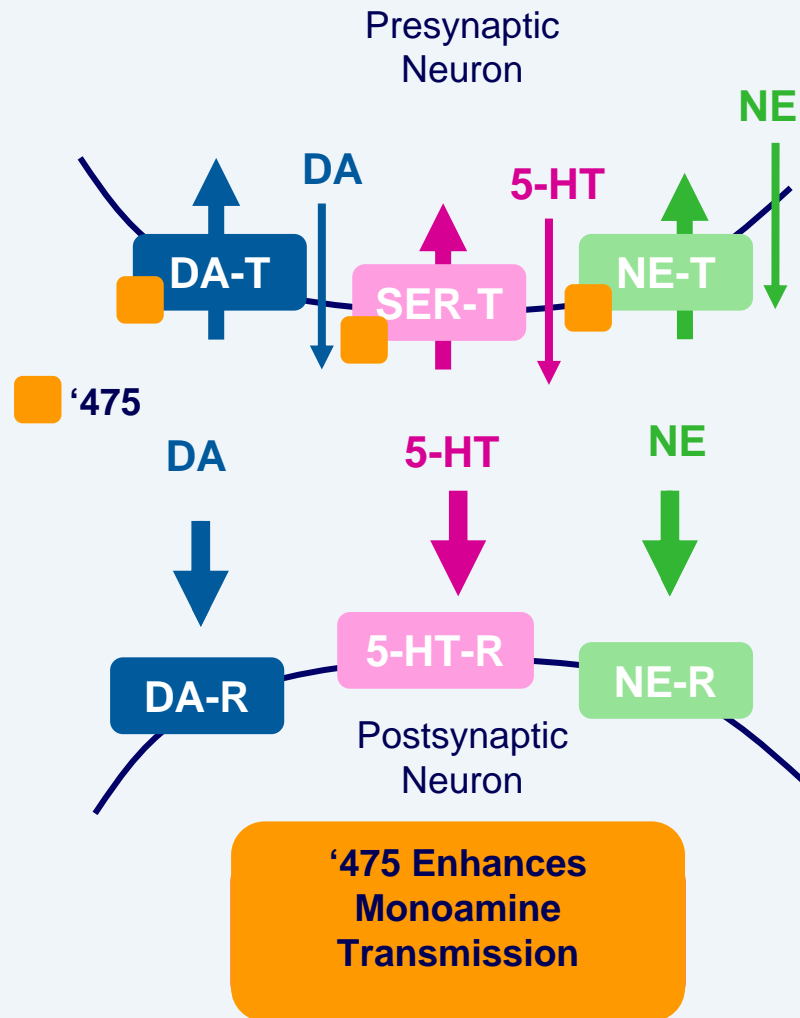


The pathology of depression



† collaboration ('475 with Neurosearch, '679 & '008 with Neurocrine)

'475: Capturing the full potential of the three monoaminergic systems



'475 Triple Reuptake Inhibitor

Equipotent on all 3 human transporters

Increases synaptic monoamines: 5-HT, NA, DA

Lacks side effects of SSRIs and SNRIs

Enhances cognitive performance

'475: Favourable safety and tolerability

3 Phase I studies completed

- 210 subjects treated
 - Well tolerated
 - No clinically significant changes in vital signs or ECG
-
- PET Receptor Occupancy
 - DAT = 60-80%
 - SERT = 55-75%At 1-2 mg (well tolerated doses)

Two phase IIB studies ongoing

Moderate to severely depressed patients

Primary endpoints: antidepressant efficacy versus placebo

Secondary endpoints: safety and tolerability

**'475
(low to medium dose)**

Placebo

paroxetine

n = 465

**'475
(medium to high dose)**

Placebo

venlafaxine

n = 378

Phase IIB due to complete in 1H 2009

The diagram features a light blue background with a large, faint circular shape. In the upper left, a dark blue oval with a white border contains the word "Psychiatry". To its right is a white rounded rectangle with an orange border containing the word "Schizophrenia". Below "Schizophrenia" is an orange rounded rectangle with a dark blue border containing the text "Sleep disorders" in bold, followed by "a promising novel approach to insomnia" in a smaller font. At the bottom is another white rounded rectangle with an orange border containing the word "Depression".

Psychiatry

Schizophrenia

Sleep disorders
a promising novel approach to
insomnia

Depression

'868: Phase II study design in insomnia

Primary Insomnia Patients

Primary endpoints: LPS, TST, WASO by Polysomnography

Secondary endpoints: subjective sleep, safety and tolerability

2 day Crossover Study

'868 10mg

'868 30mg

'868 60mg

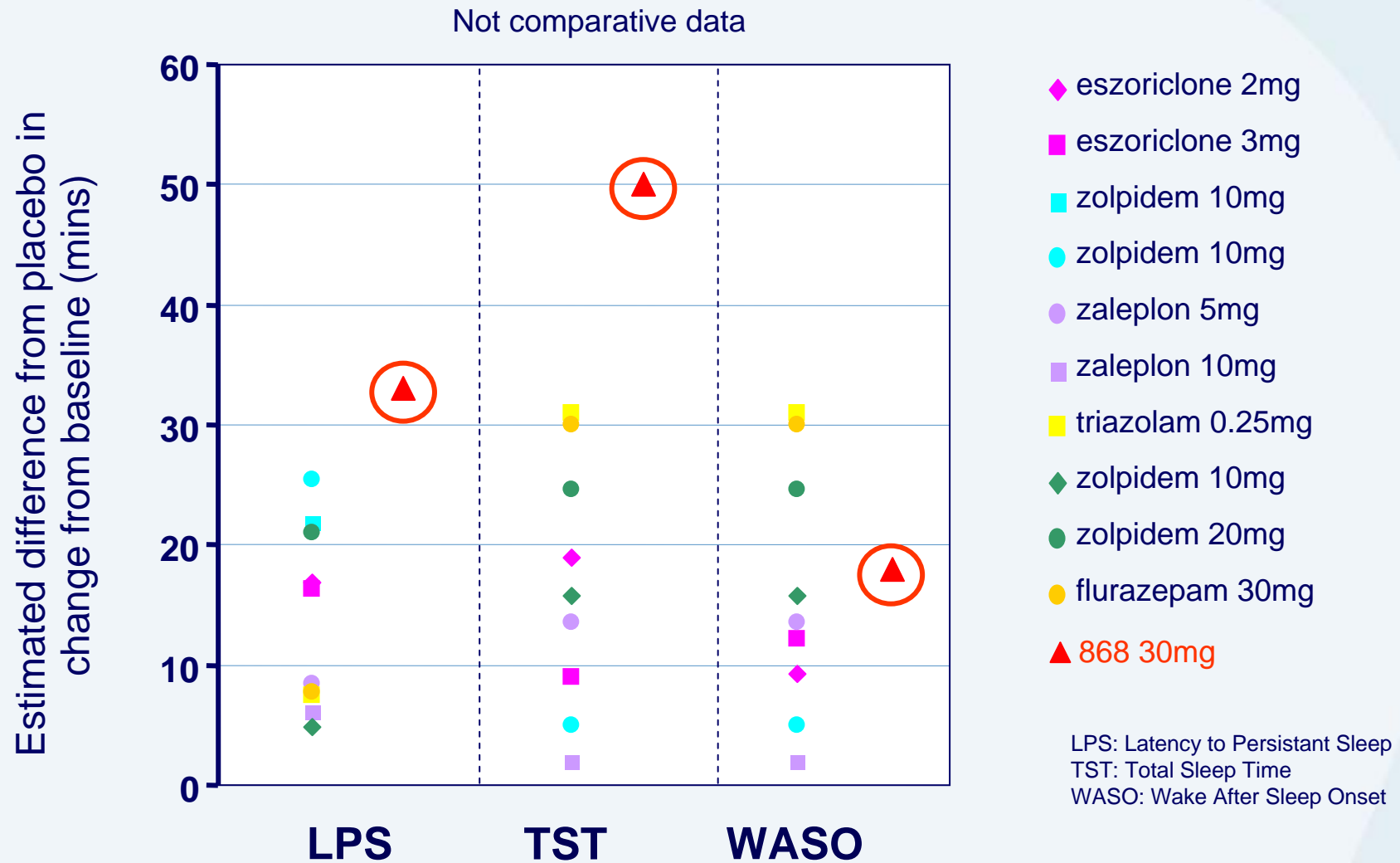
Placebo

n = 52

LPS: Latency to Persistent Sleep
TST: Total Sleep Time
WASO: Wake After Sleep Onset

Preclinical tox finding being addressed

'868: Efficacy versus marketed hypnotics



Psychiatry

Schizophrenia

addressing the pathophysiology
with mono and add-on therapy

Sleep Disorders

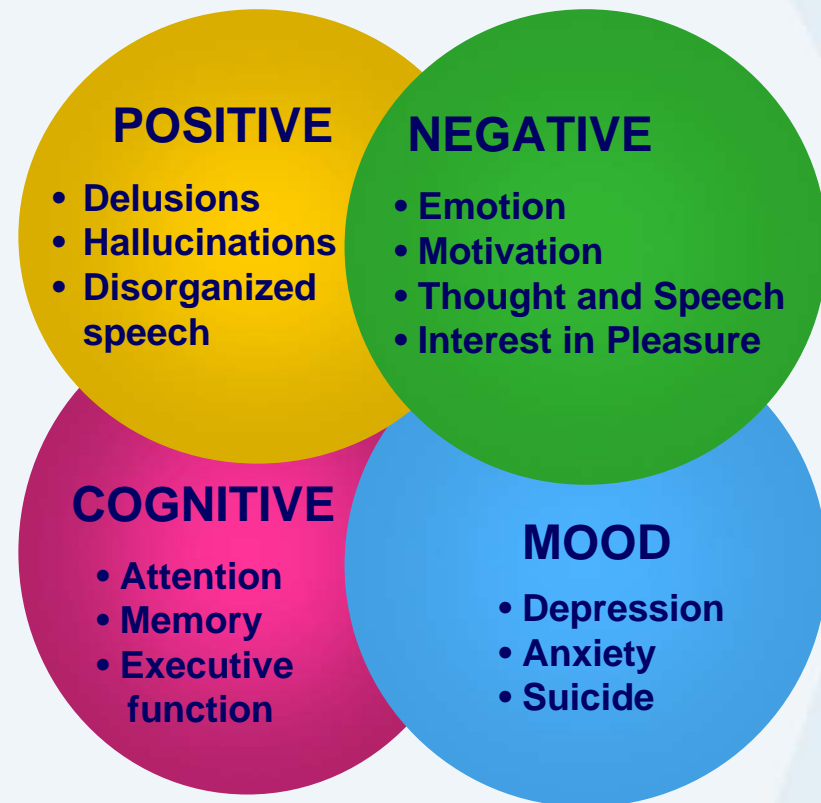
Depression

Schizophrenia: The most devastating psychiatric disease

Unmet Needs

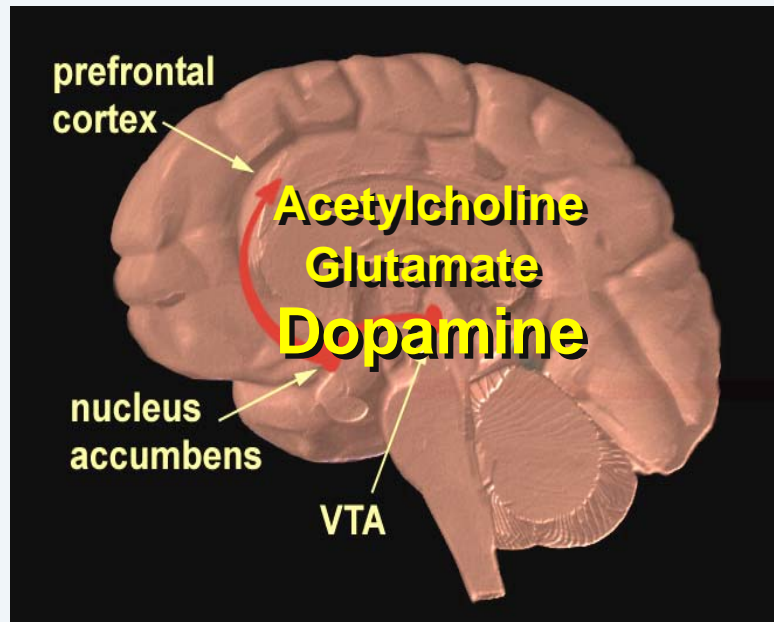
- Positive symptoms in treatment refractory patients
- Negative symptoms
- Depression and anxiety
- **Cognitive symptoms**
- **Better tolerability**

Multiple symptoms



Multiple approaches to treat Schizophrenia domains

● Cholinergic Hypofunction



Monotherapy

Positive, Negative
& Cognitive symptoms

● **DA/5HT antag**
773812
Ph IIb

● **GlyT1 inh**
1018921
Ph I

● **M1 agonist**
1034702
Preclinical

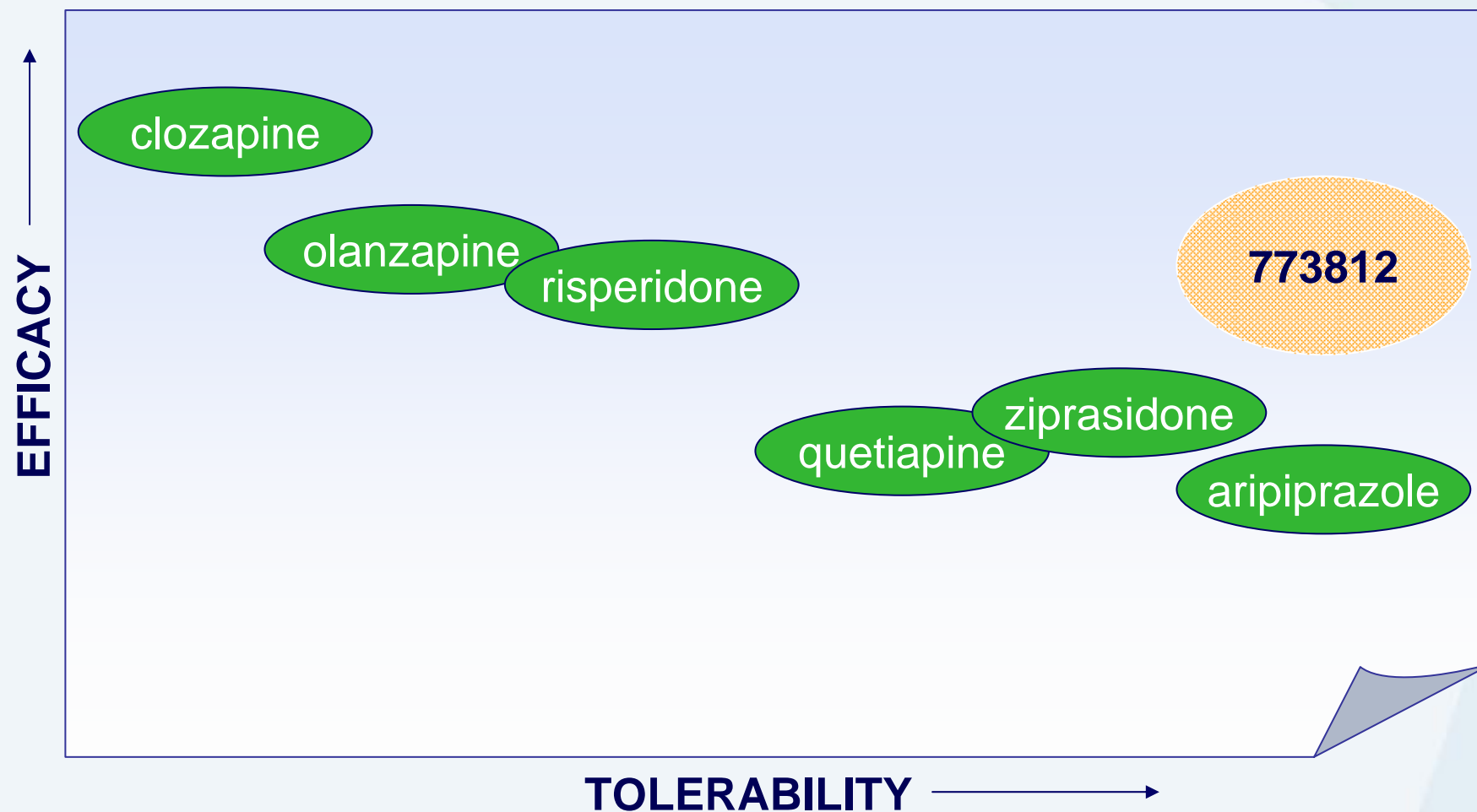
Add-on Therapy

Cognitive symptoms

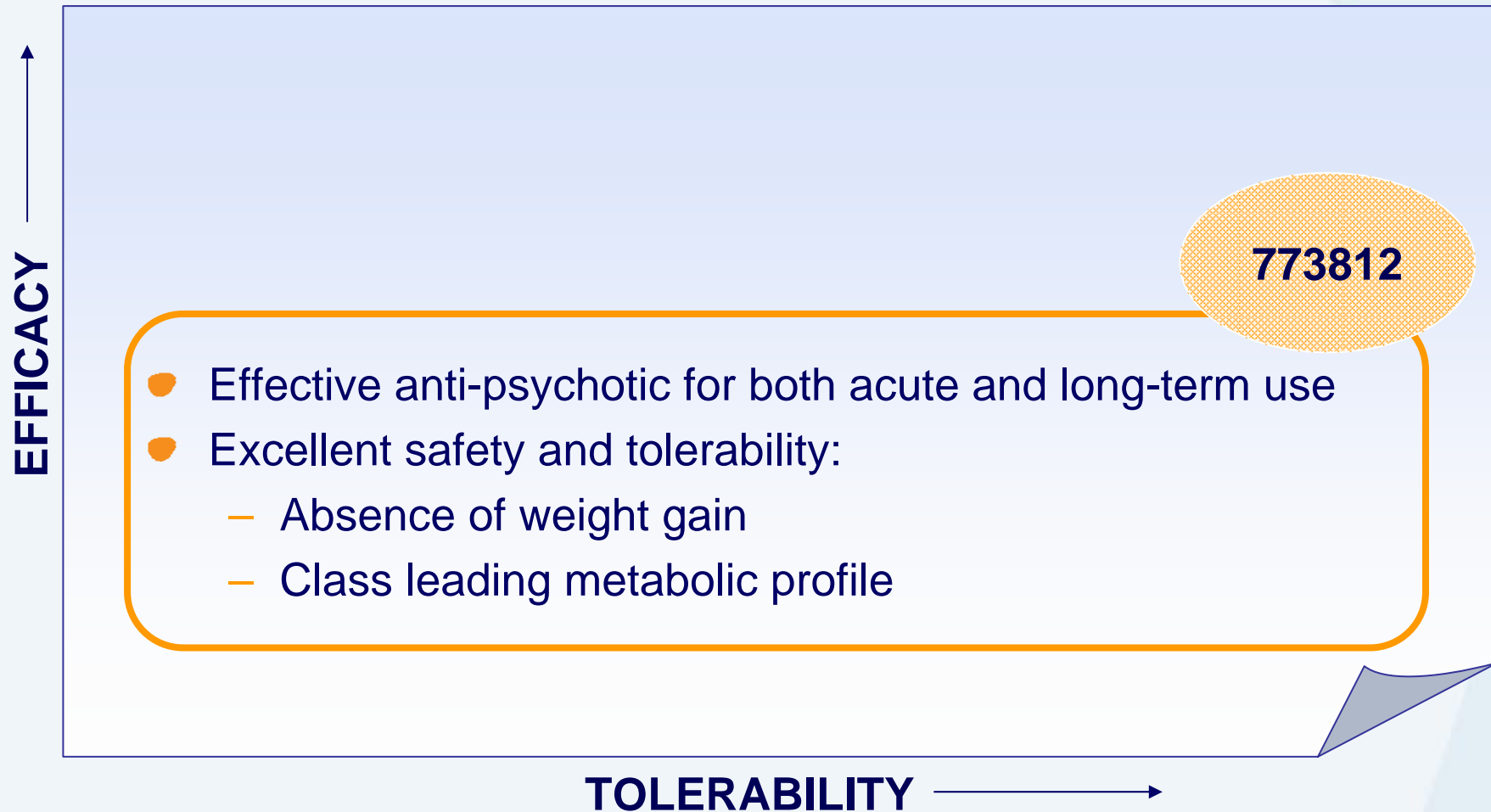
● **AMPA +ve mod**
729327
Ph I

● **H3 antagonist**
239512
Ph I

Atypical antipsychotics: The opportunity with '812



Atypical antipsychotics: The opportunity with '812



Atypical antipsychotics & metabolic syndrome risk

Atypical Antipsychotic Metabolic related effects:

- Weight gain
- Glucose intolerance
- Insulin resistance
- Dyslipidaemia
- Type II Diabetes

Metabolic Data from CATIE Phase 1

Agent	Weight ¹ (%)	Triglyceride ² (mg/dl)	Cholesterol ³ (mg/dl)
Olanzapine	30	+43	+8.5
Quetiapine	16	+19	+3.5
Risperidone	14	-2.6	-3.0
Ziprasidone	7	-18	-1.0
Perphenazine	12	-18	-1.0

¹ % individuals who gained >7% of their baseline body weight

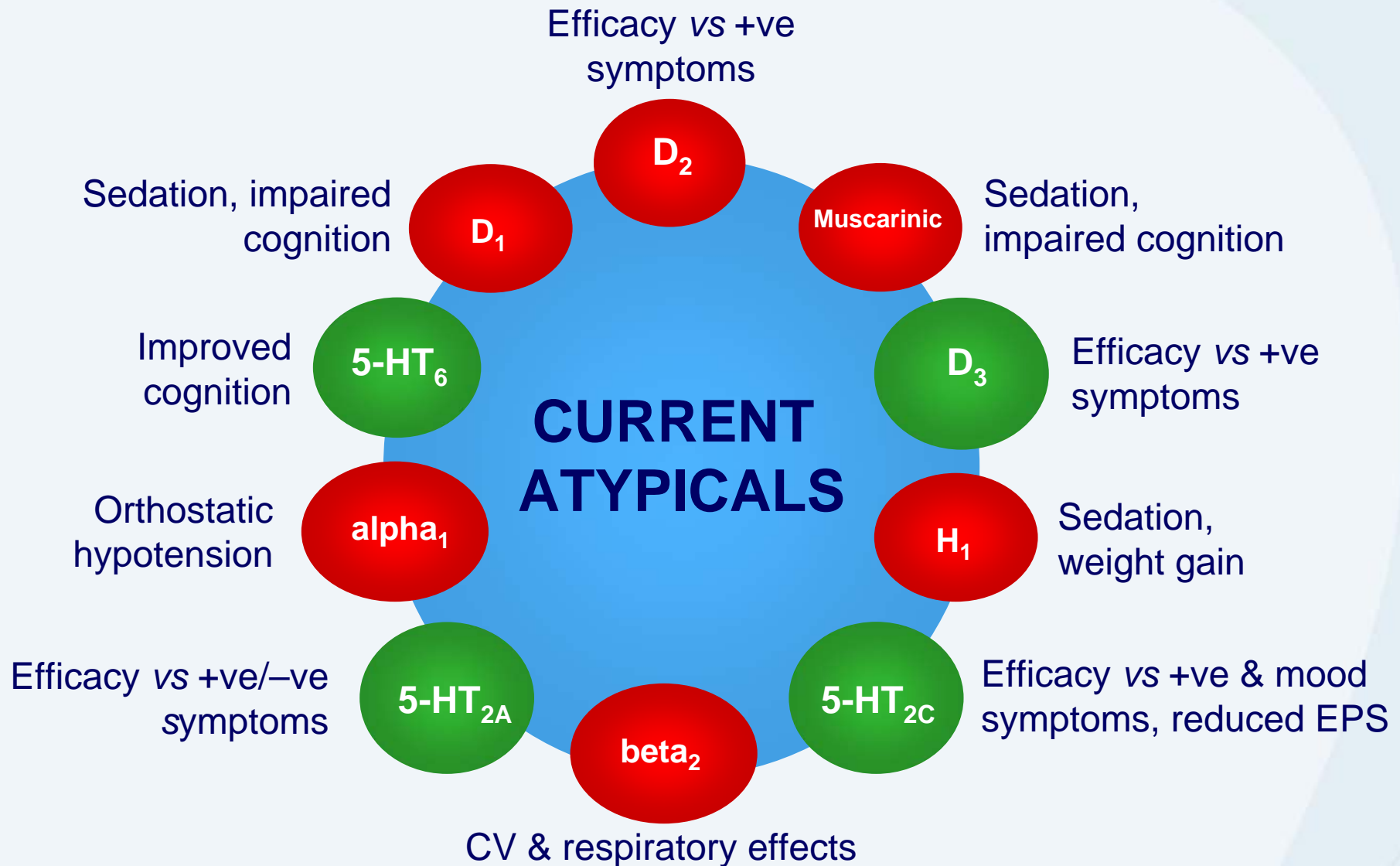
² Mean change in triglyceride level

³ Mean change in total cholesterol levels

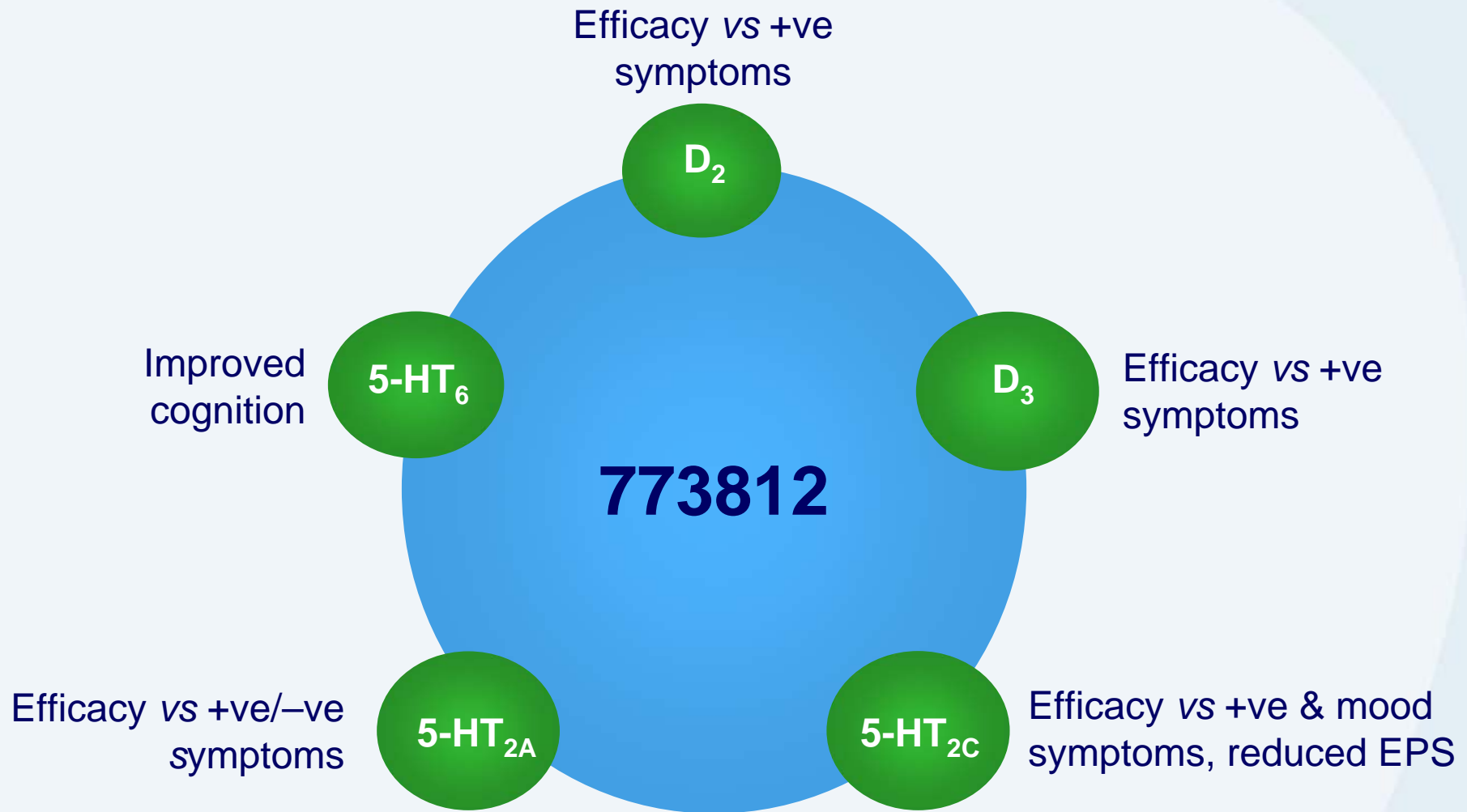
Source: The Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE)
N Engl J Med 2005, 353(12):1209-1223

Need for new drugs with clean metabolic profile

'812...better Antipsychotic by rational design



'812...better Antipsychotic by rational design



Phase II study design

Schizophrenic patients in acute exacerbation phase

Primary endpoints: PANSS Total

Secondary endpoints: safety and tolerability

6 weeks study

'812 60mg

'812 120mg

olanzapine 15mg

Placebo

n = 217

12 weeks study

'812 60mg

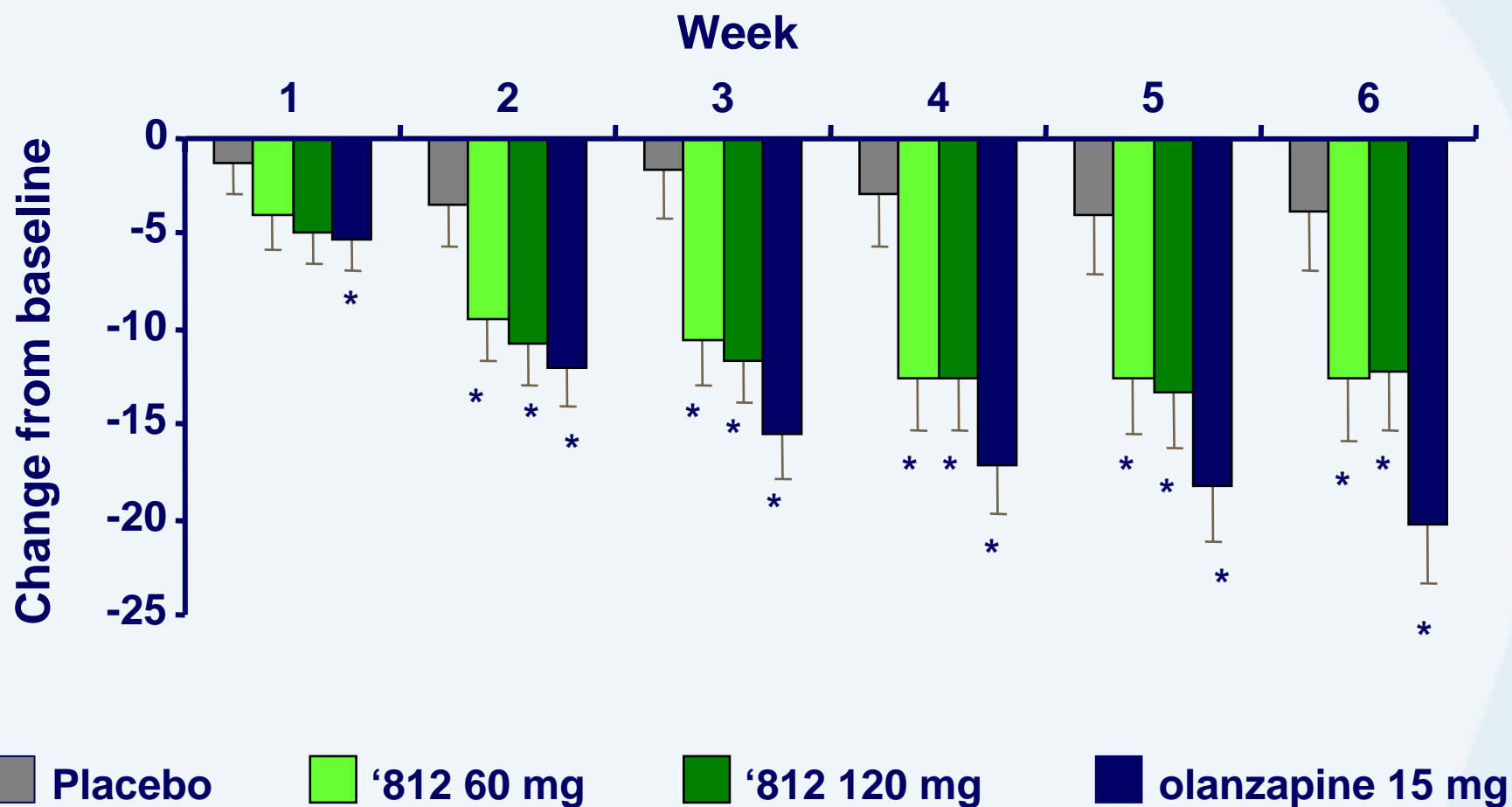
olanzapine 15mg

Placebo

n = 101

Evidence of clinical efficacy at week 6

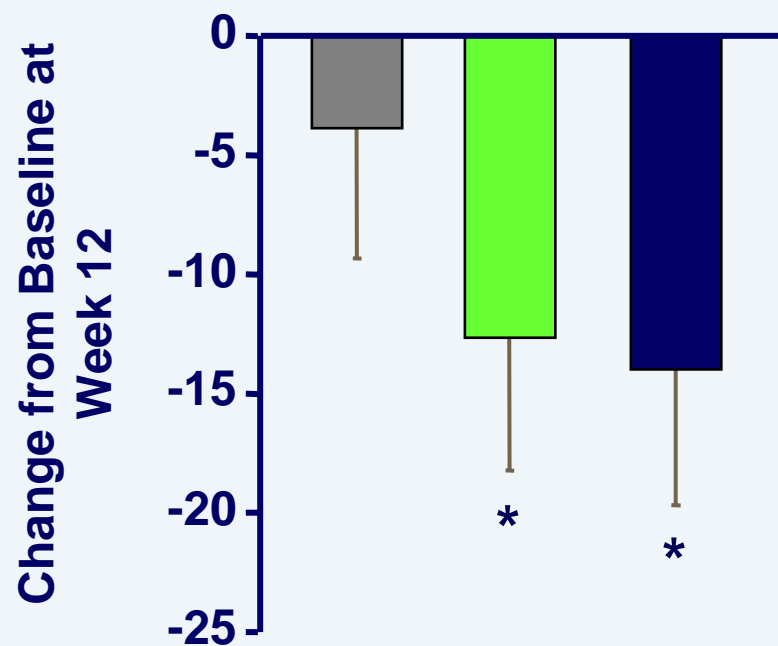
Change from baseline in PANSS Total



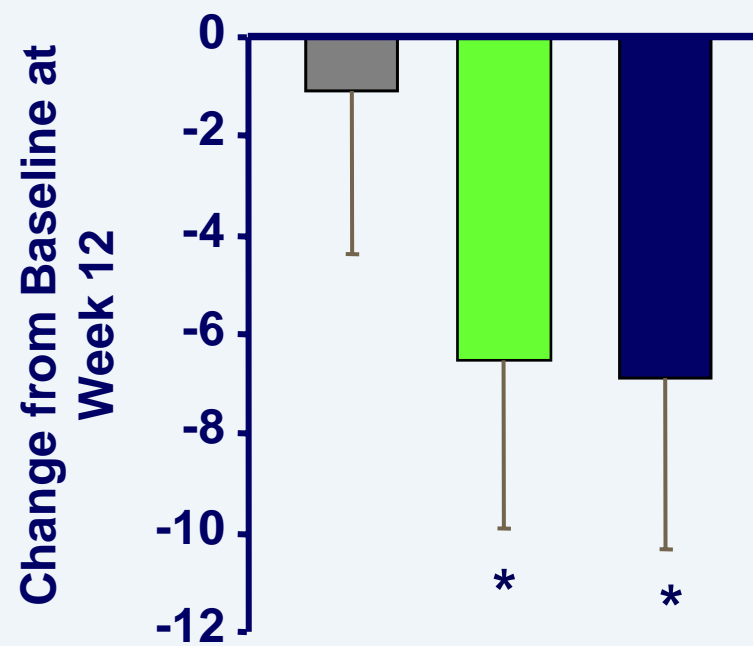
Difference from placebo: * $p < 0.05$

....and at week 12

**PANSS
Total score**



**BPRS
Total score**



Placebo

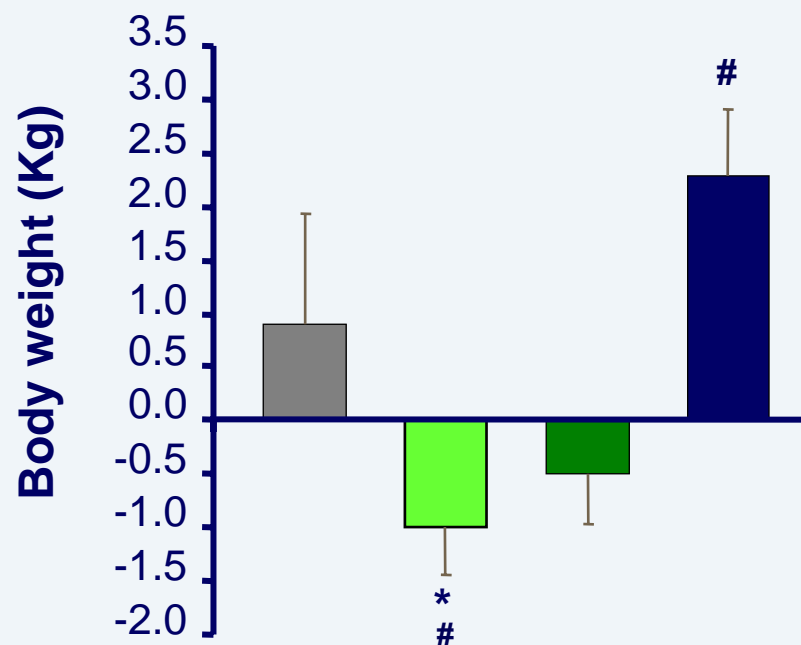
'812 60 mg

olanzapine 15 mg

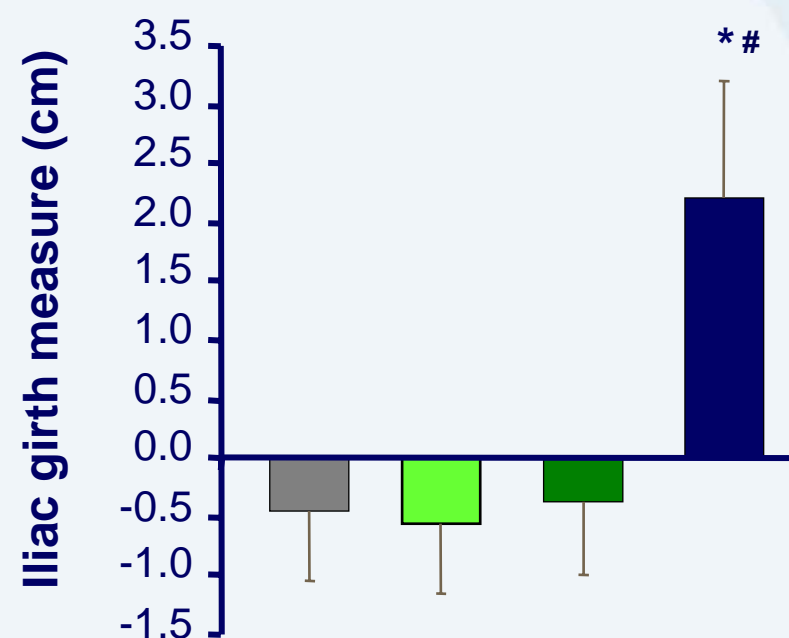
Difference from placebo: * p<0.05

'812: Advantageous body weight profile

Body Weight



Girth



Change from Baseline at Week 6

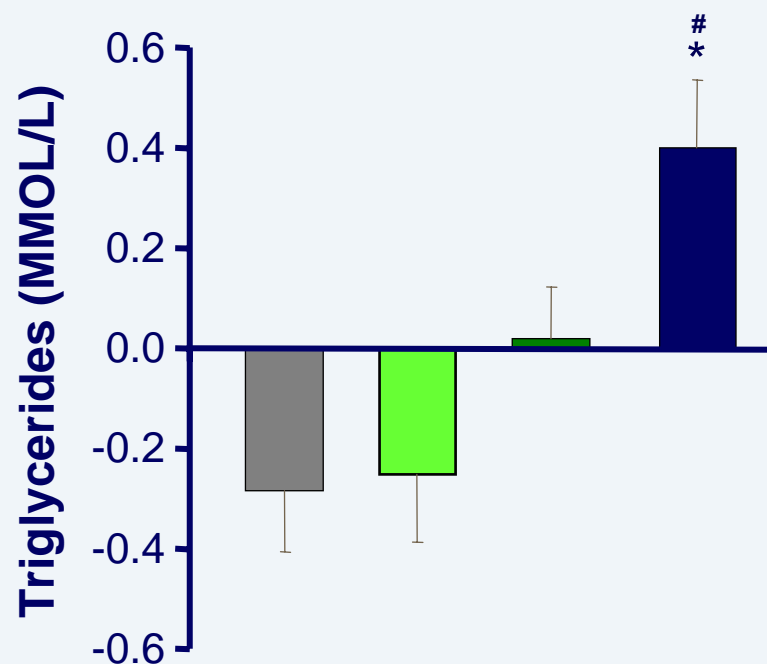
Placebo '812 60 mg '812 120 mg olanzapine 15 mg

Difference from placebo: * $p < 0.05$

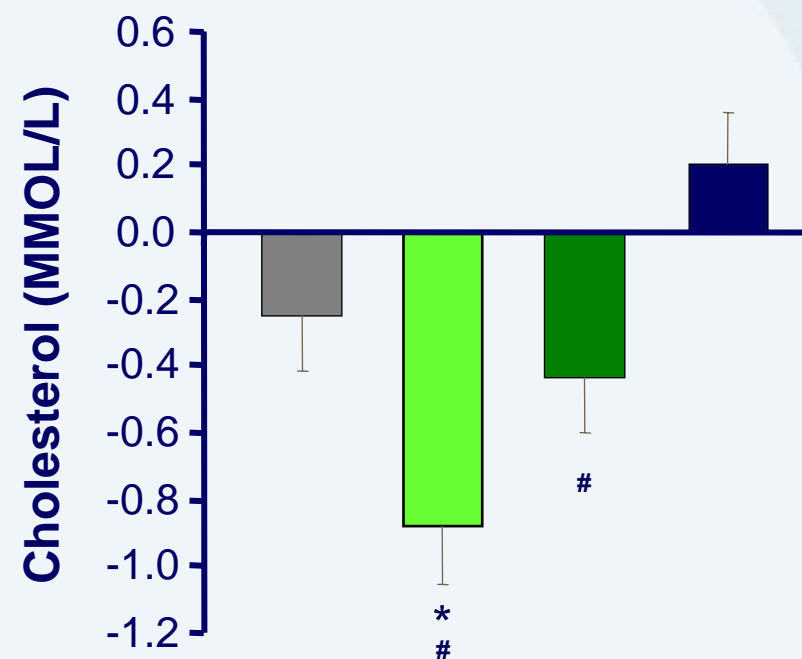
Difference from baseline: # $p < 0.05$

....and advantageous lipid profile

Triglycerides



Cholesterol



Change from Baseline at Week 6



Placebo



'812 60 mg



'812 120 mg



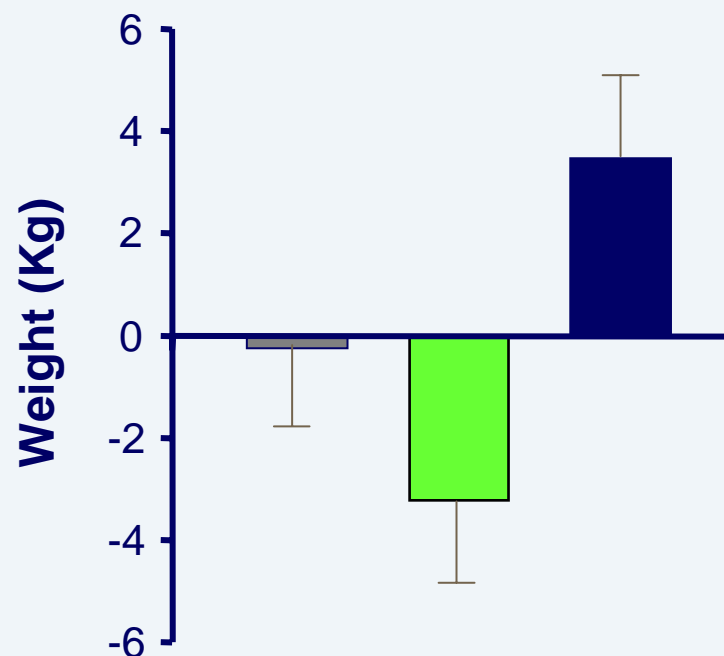
olanzapine 15 mg

Difference from placebo: * $p < 0.05$

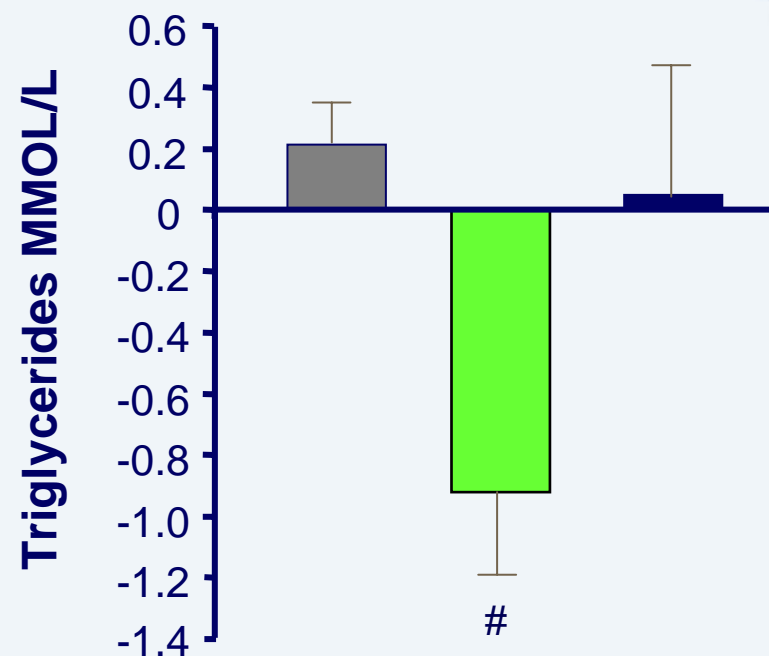
Difference from baseline: # $p < 0.05$

'812: Advantageous metabolic profile at week 12

Body weight



Triglycerides



Change from Baseline at Week 12

Placebo

'812 60 mg

olanzapine 15 mg

Difference from baseline: # $p < 0.05$

'812: Opportunity and next steps

- Promising efficacy data
- Favourable metabolic profile
- Good tolerability

Phase IIB programme to start in 1H 2008



GlaxoSmithKline