

The importance of failure:
what trials' misfortune can teach us.



FAILURE IS THE GREATEST TEACHER

Alzheimer's Drug Trials Keep Failing—and That's Amazing

Negative results on groundbreaking experiments are helping scientists figure out how to beat the disease.

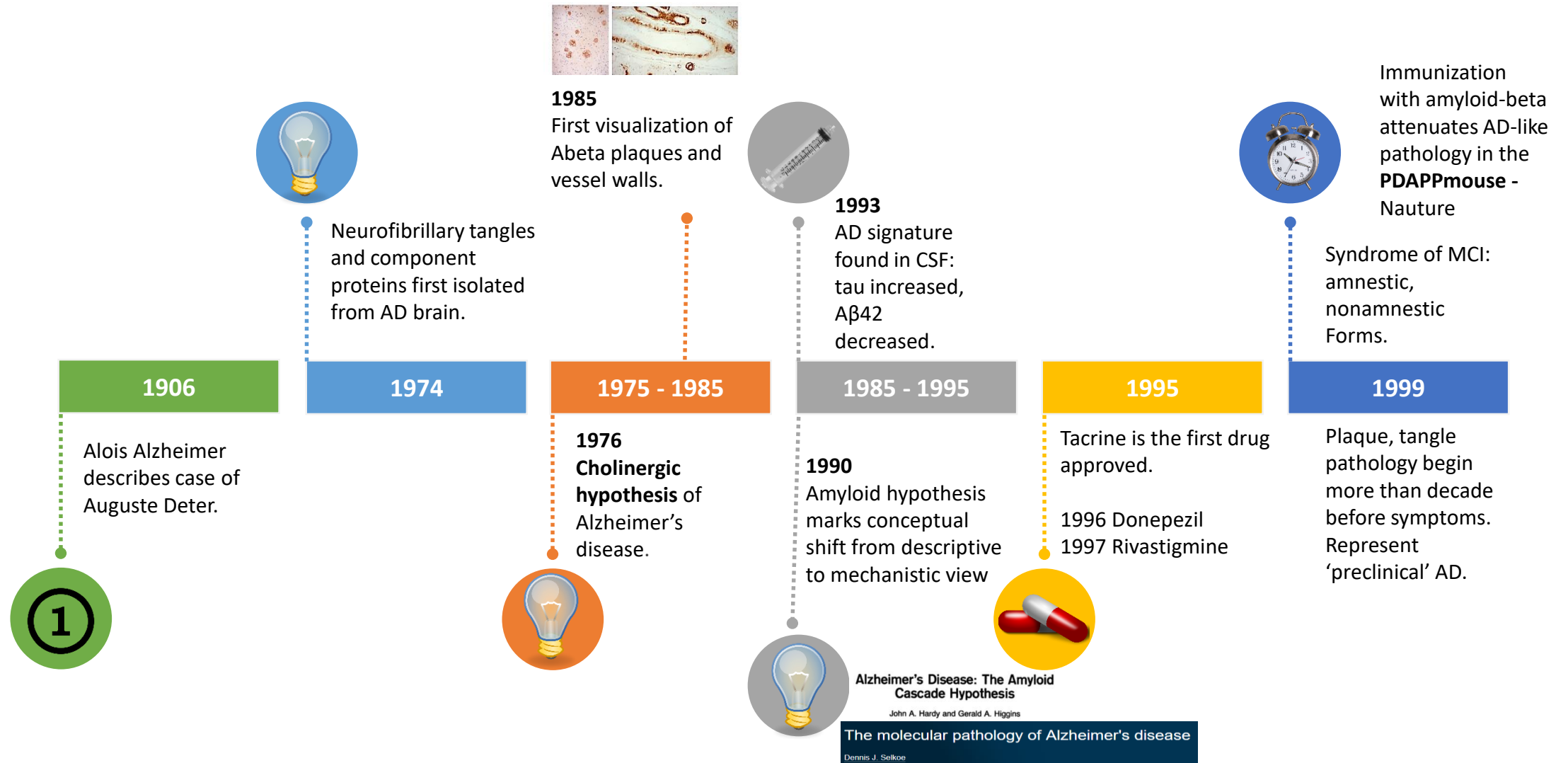


Sometimes by losing a battle you find a new way to win the war.

Donald Trump

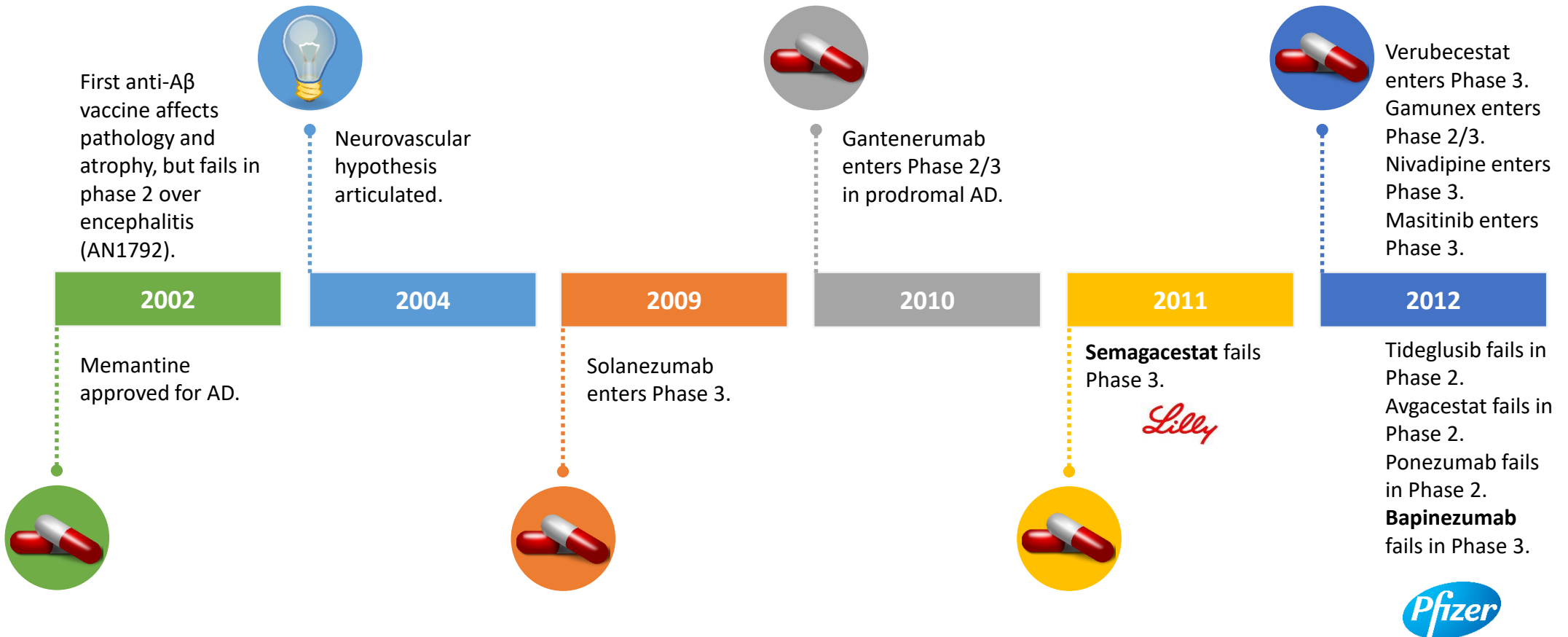
EVOLUTION OF ALZHEIMER'S DISEASE RESEARCH

1906 - 1999



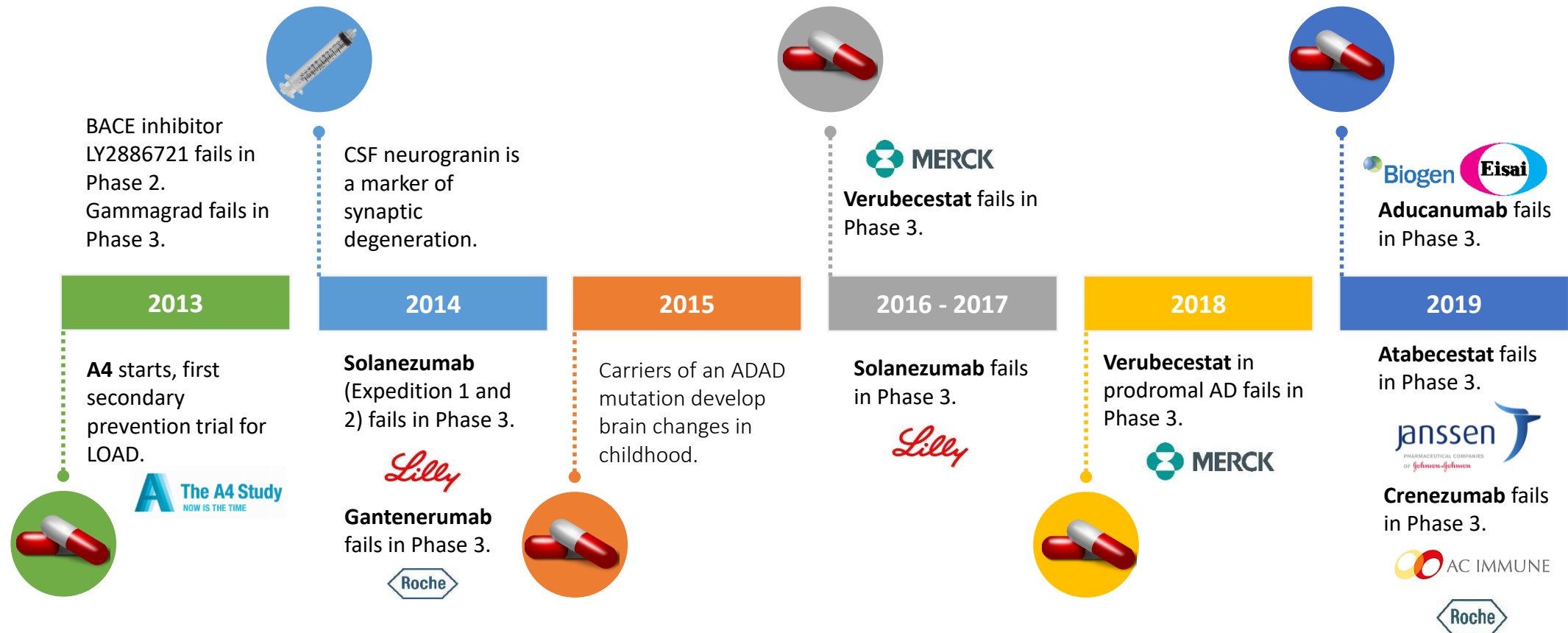
EVOLUTION OF ALZHEIMER'S DISEASE RESEARCH

2002 - 2012



EVOLUTION OF ALZHEIMER'S DISEASE RESEARCH

2013 - 2019



Featured Article

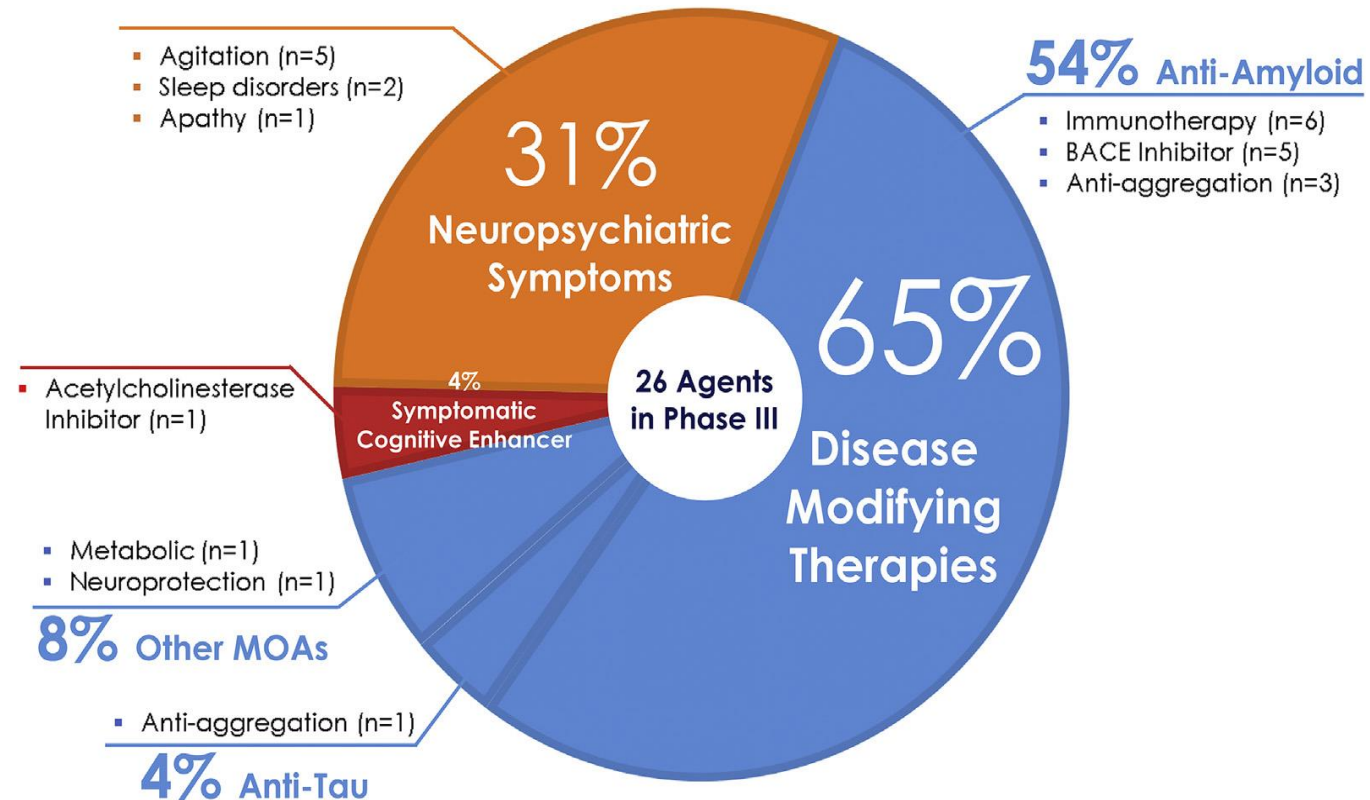
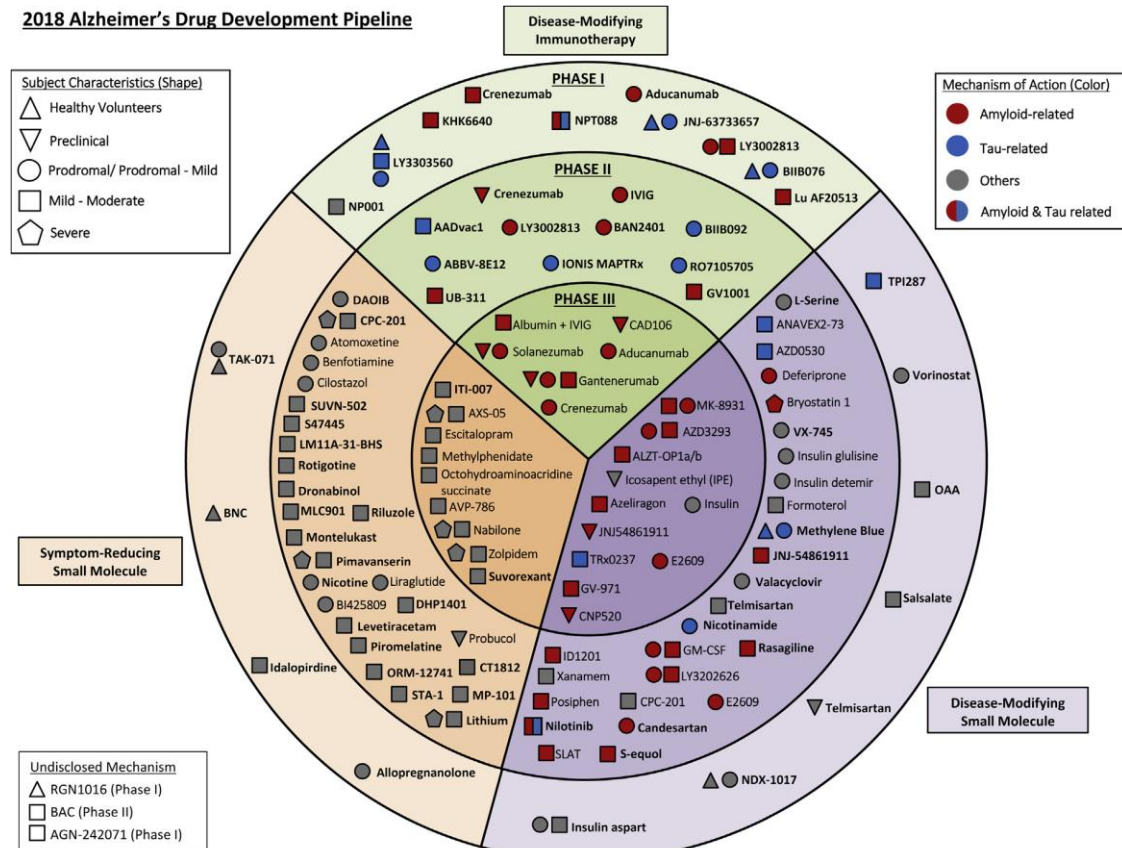
Alzheimer's disease drug development pipeline: 2018

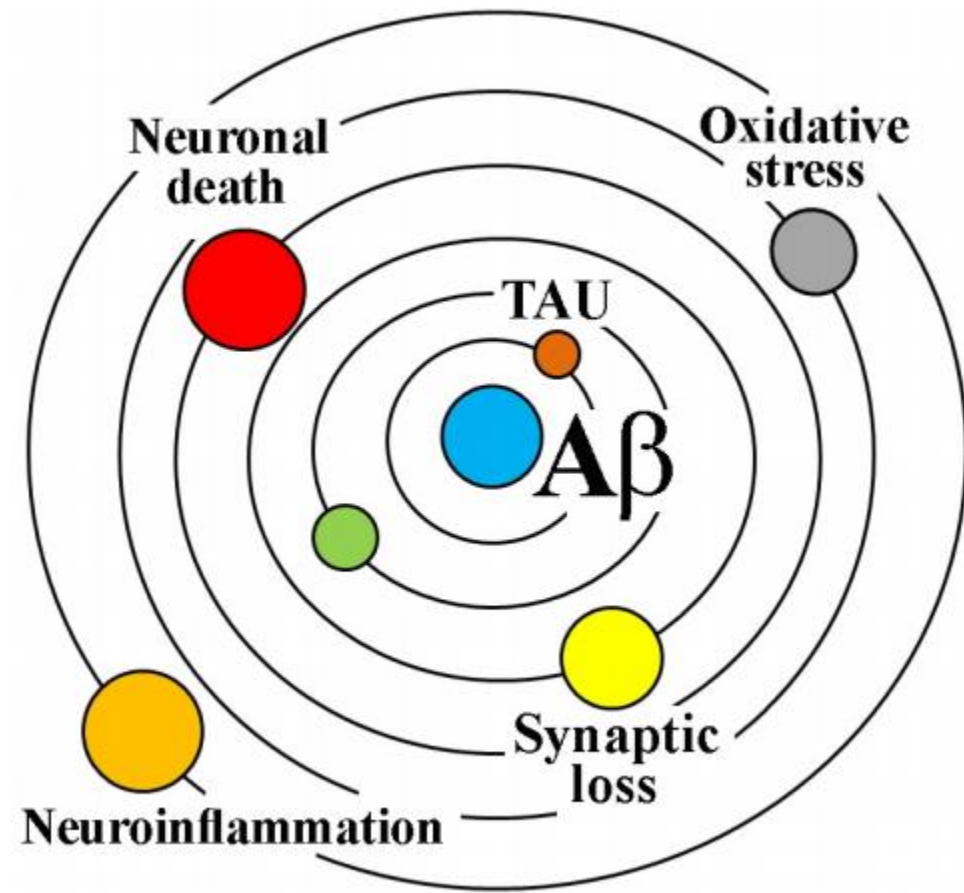
Jeffrey Cummings^{a,*}, Garam Lee^a, Aaron Ritter^a, Kate Zhong^b

^aCleveland Clinic Lou Ruvo Center for Brain Health, Las Vegas, NV, USA

^bGlobal Alzheimer Platform, Washington, DC, USA

2018 Alzheimer's Drug Development Pipeline

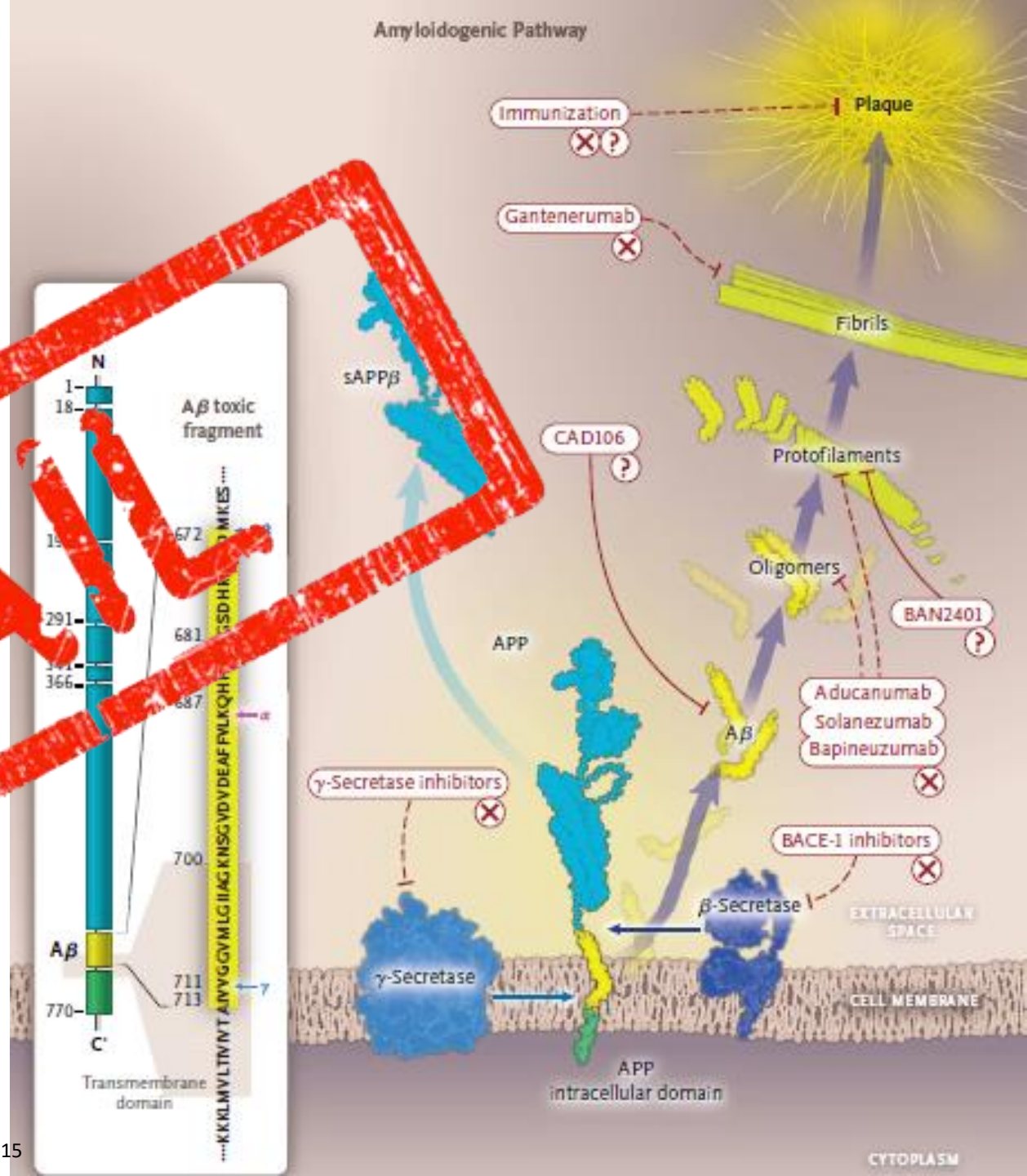




Failed $A\beta$ centric drugs

1. Active vaccines (AN 1792)
2. γ -secretase inhibitors (Semagacestat...)
3. Anti $A\beta$ monoclonal antibodies (Solanezumab, Bapineuzumab, Gantenerumab, Crenezumab, Aducanumab...)
4. β -site amyloid precursor protein cleaving enzyme (β -ACE) inhibitors (verubecestat, atabecestat...)
5. Nutraceuticals (tramiprosato/homotaurina)

FAIL



Are the therapeutic targets correct?



The amyloid hypothesis of Alzheimer's disease: 25 years

Dennis J Selkoe^{1,†} & John Hardy^{2,*,†}



EMBO
Molecular Medicine

Morris
http://

Communications 2014, 2:135
http://dx.doi.org/10.1038/2/1/135



ACTA NEUROPATHOLOGICA
COMMUNICATIONS

Open Access

Progress and Controversies Surrounding the Amyloid Hypothesis of Alzheimer's Disease

John Hardy^{1,2}, Larry S. Bales^{1,2} and Bryce Vissel^{1,2*}

926

Current Neuropharmacology 2015, 15, 926-935

REVIEW ARTICLE

The Amyloid Cascade Hypothesis of Alzheimer's Disease: Change Our Mind

Roberta Ricciarelli^{1,*} and Ernesto Fedele^{2,3,*}

SCIENCE'S COMPASS



• REVIEW

The Amyloid Hypothesis of Alzheimer's Disease: Progress and Problems on the Road to Therapeutics

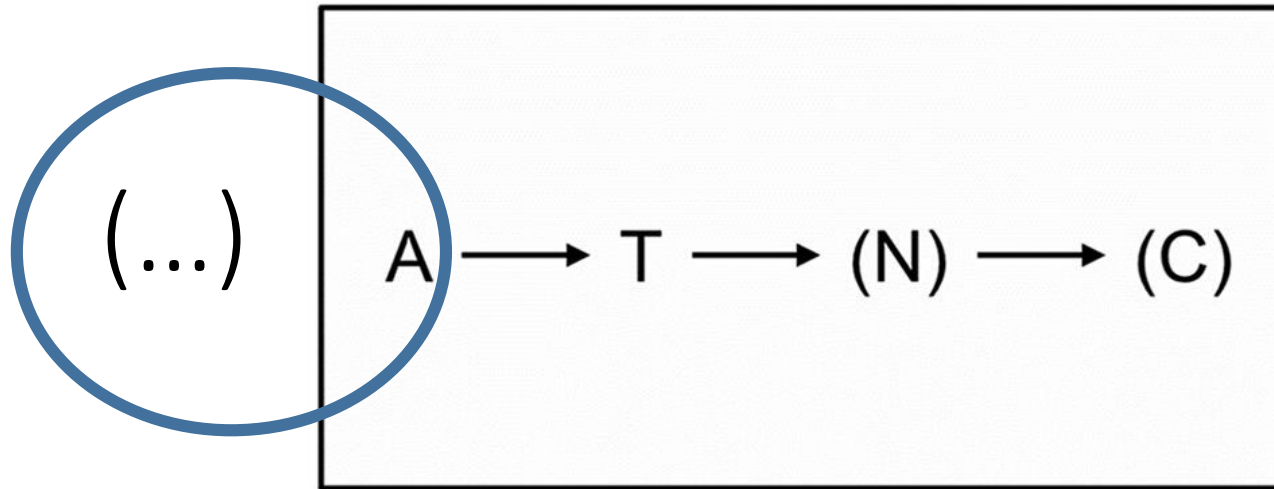
John Hardy¹ and Dennis J. Selkoe^{2*}

The amyloid cascade hypothesis

The failure of semagacestat will inevitably be interpreted as additional evidence against the amyloid hypothesis. Such a conclusion would be premature; none of the failed drugs or trials represents an adequate pharmacological test of the amyloid hypothesis (Table 1). The amyloid hypothesis would be challenged by a trial in which an agent is shown to adequately engage the target and decrease amyloid to prespecified meaningful levels without impacting clinical function. These criteria have not been met in any of the reported trials. No information is available on whether biomarker observations were made in the semagacestat trial that may impact this discussion.

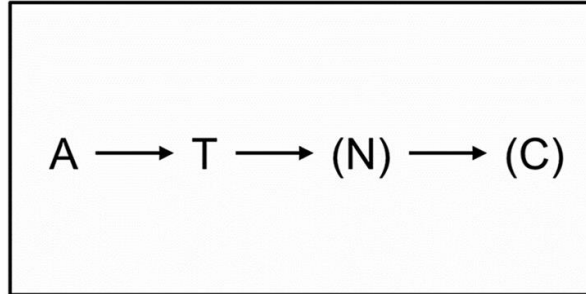
«Supporting the central role of A β in AD is not equivalent to establishing A β as the first cause of AD».

Modified amyloid cascade hypothesis

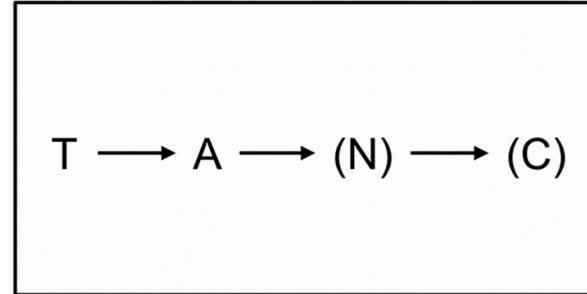


Modified amyloid cascade hypothesis

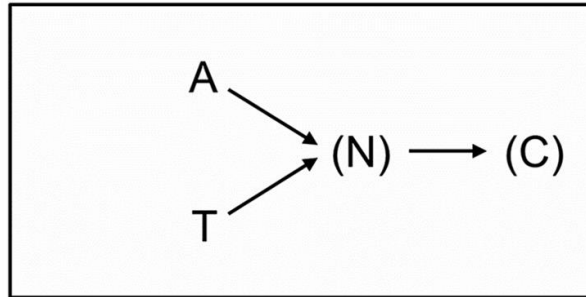
A



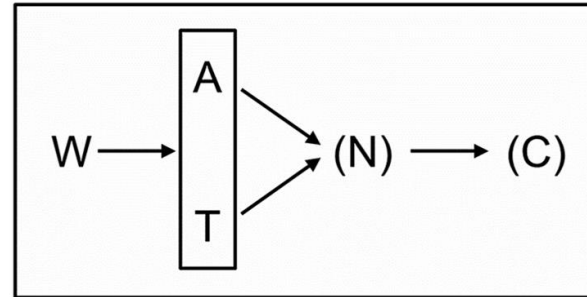
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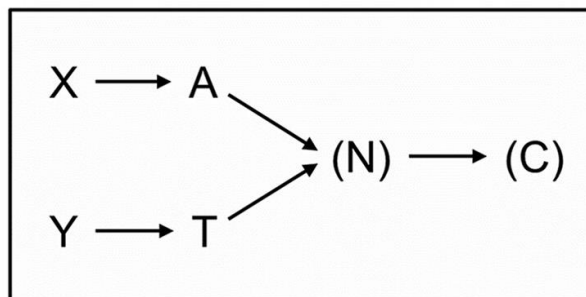
C



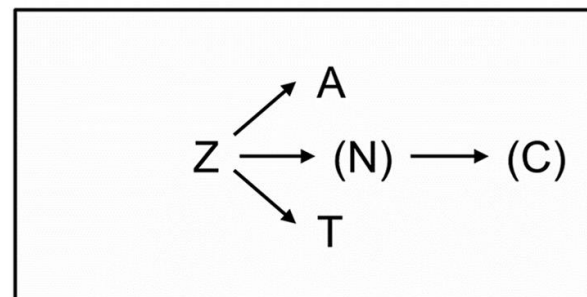
D



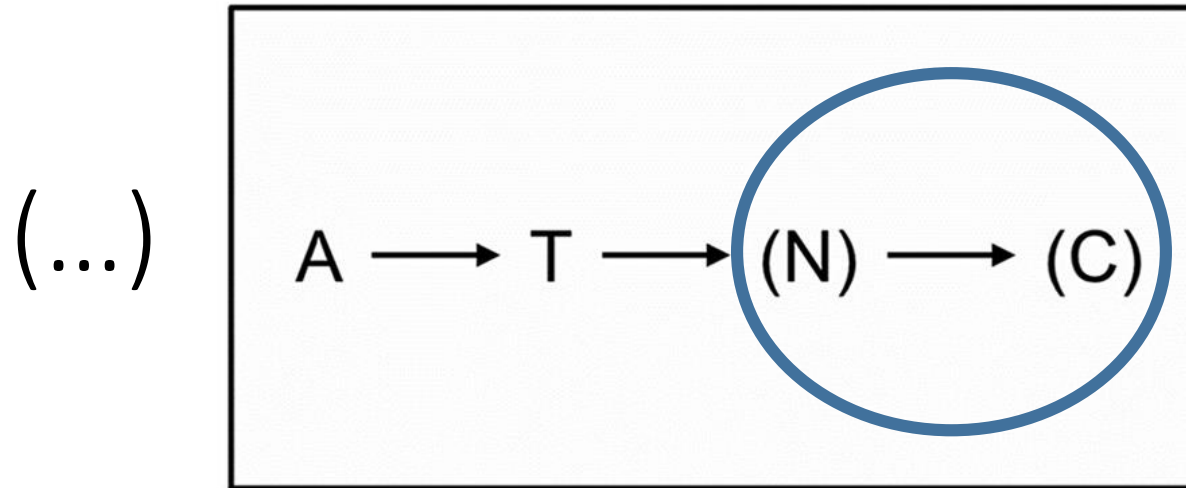
E



F



Modified amyloid cascade hypothesis



Which diagnostic criteria have to be used?





Alzheimer's & Dementia 14 (2018) 535-562

Alzheimer's
&
Dementia

2018 National Institute on Aging—Alzheimer's Association (NIA-AA) Research Framework

NIA-AA Research Framework: Toward a biological definition of Alzheimer's disease

Clifford R. Jack, Jr.,^{a,*}, David A. Bennett^b, Kaj Blennow^c, Maria C. Carrillo^d, Billy Dunn^e,
Samantha Budd Haeberlein^f, David M. Holtzman^g, William Jagust^h, Frank Jessenⁱ,
Jason Karlawish^j, Enchi Liu^k, Jose Luis Molinuevo^l, Thomas Montine^m, Creighton Phelpsⁿ,
Katherine P. Rankin^o, Christopher C. Rowe^p, Philip Scheltens^q, Eric Siemers^r,
Heather M. Snyder^d, Reisa Sperling^s

Contributors[†]: Cerise Elliott, Eliezer Masliah, Laurie Ryan, and Nina Silverberg

AD as a purely a biological construct.

Table 1

AT(N) biomarker grouping

A: Aggregated A β or associated pathologic state

CSF A β_{42} , or A β_{42} /A β_{40} ratio

Amyloid PET

T: Aggregated tau (neurofibrillary tangles) or associated pathologic state

CSF phosphorylated tau

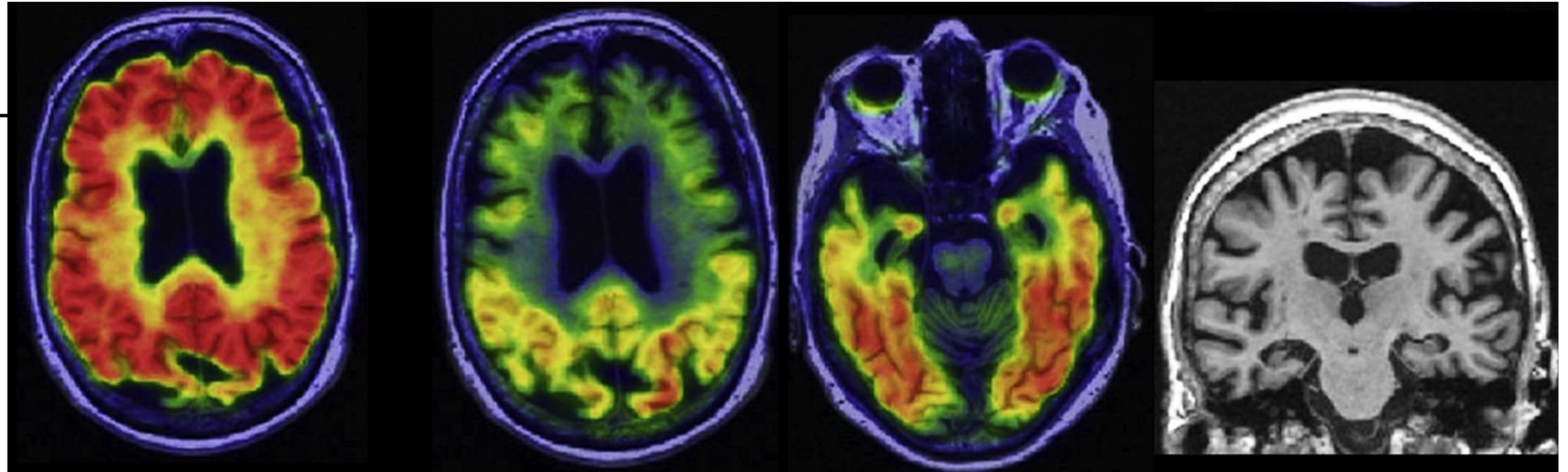
Tau PET

(N): Neurodegeneration or neuronal injury

Anatomic MRI

FDG PET

CSF total tau




A+T+N+ (S+)

Is it too LATE?

BRAIN
A JOURNAL OF NEUROLOGY

REVIEW

Limbic-predominant age-related TDP-43 encephalopathy (LATE): consensus working group report

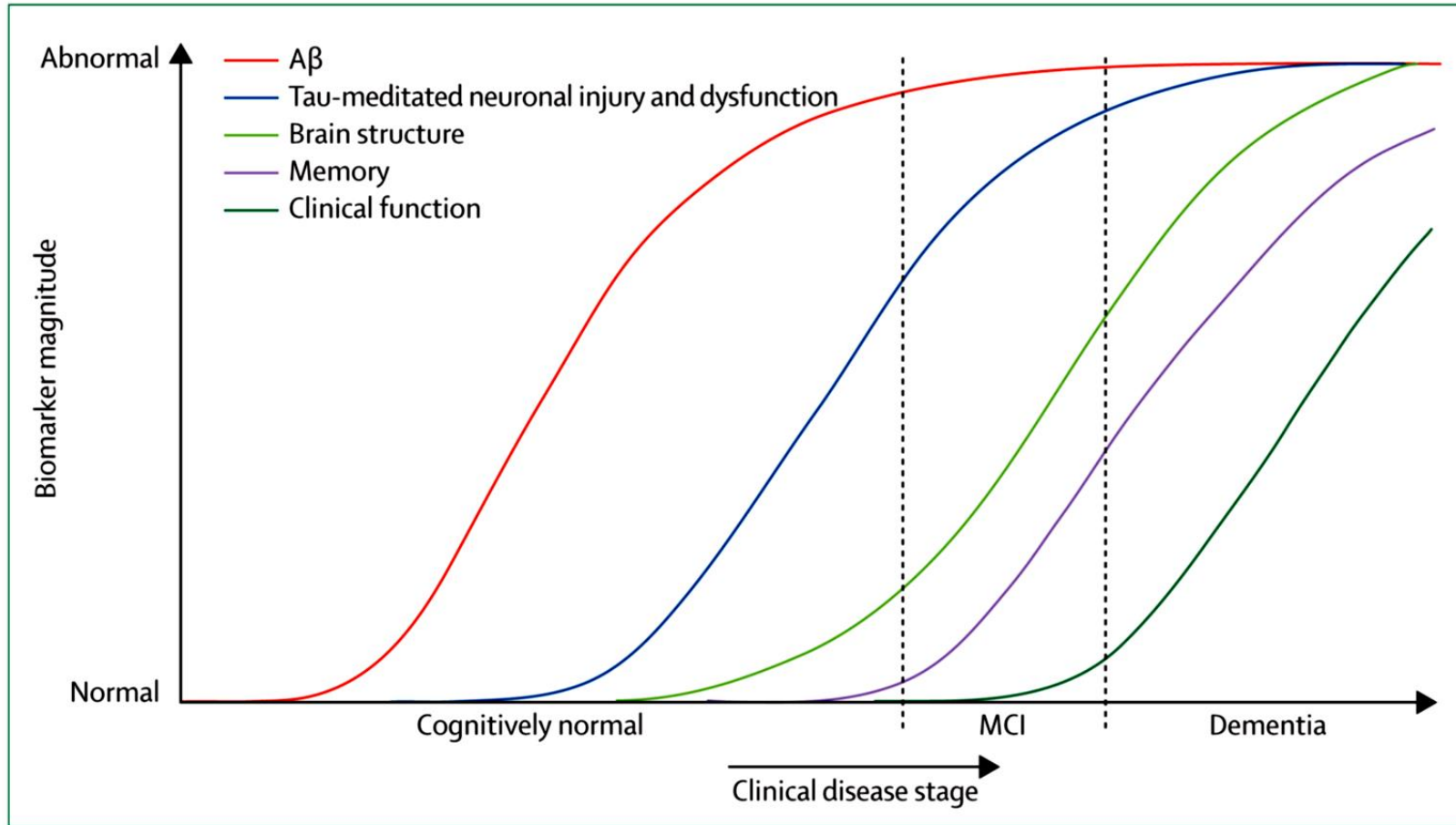
Peter T. Nelson,¹  Dennis W. Dickson,² John Q. Trojanowski,³ Clifford R. Jack Jr.,⁴

«...LATE-NC, when coexisting with ADNC, will have the potential to obscure the effects of a potential disease modifying agent on cognitive assessment results in living subjects...»

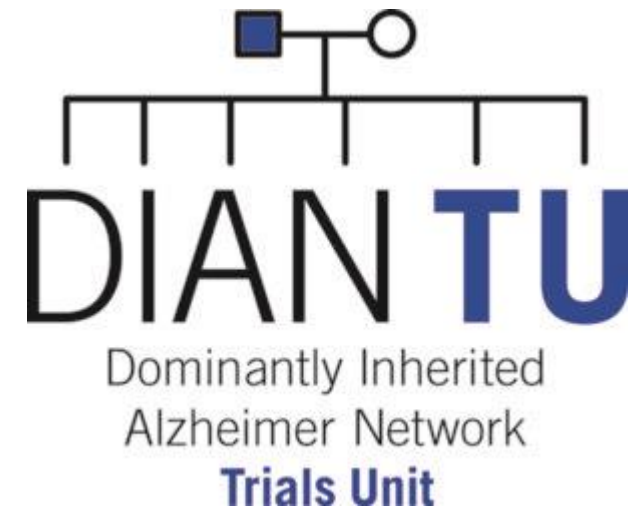
How early is early enough?



CSF A β 42



Enroll Cognitive Unimpaired People?





Enroll Cognitive Unimpaired People?

- Potential drug toxicity

- Long-term

High drop-out rate

Expensive

- Biases in interpretation

How much?



Too much?

The NEW ENGLAND JOURNAL of MEDICINE

Lowering of Amyloid-Beta by β -Secretase Inhibitors — Some Informative Failures

David S. Knopman, M.D.

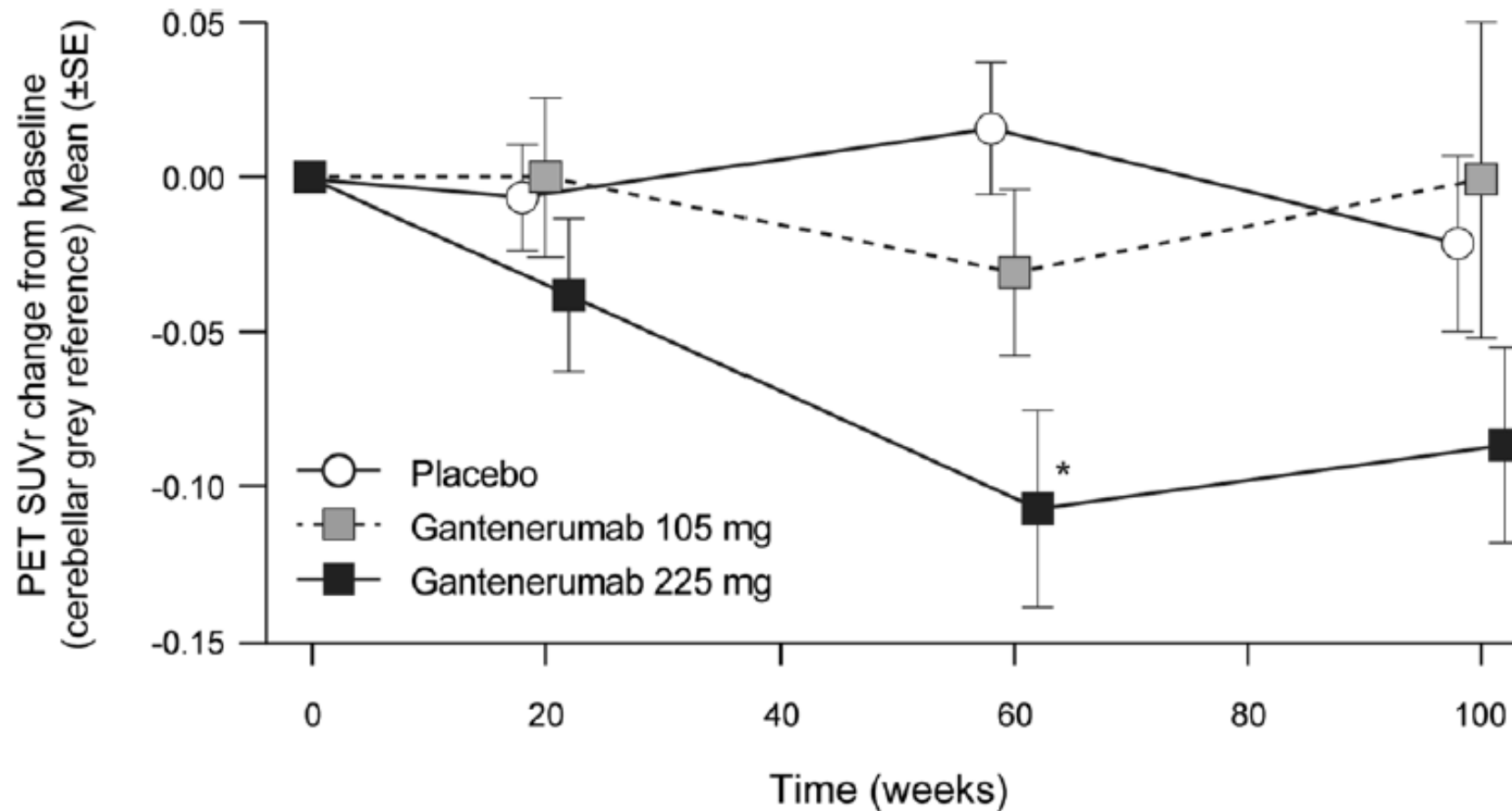
Verubecestat

«...perhaps only a **modest degree of BACE-1 inhibition** is necessary to mitigate the toxic effects of A β production....»

«...Adjustement in the dose to a narrow window of BACE-1 inhibition would be difficult to accomplish in a clinical trial until there are **peripheral biomarkers that reflect** the activity of the agent in the brain....»

Not enough?

Gantenerumab



Bapinezumab – 301 and 302

«... **doses** of bapinezumab used in these studies **were limited** because of higher rates of amyloid-related imaging abnormalities with effusion or edema (ARIA-E) at higher doses...»

«... a decrease rate of accumulation of amyloid on PIB-PET was seen in APO-ε4 carriers who received bapinezumab, but the difference was smaller than that seen in **phase 2 studies, which included the 2.0-mg-per-kilogram dose**...»

Future Directions





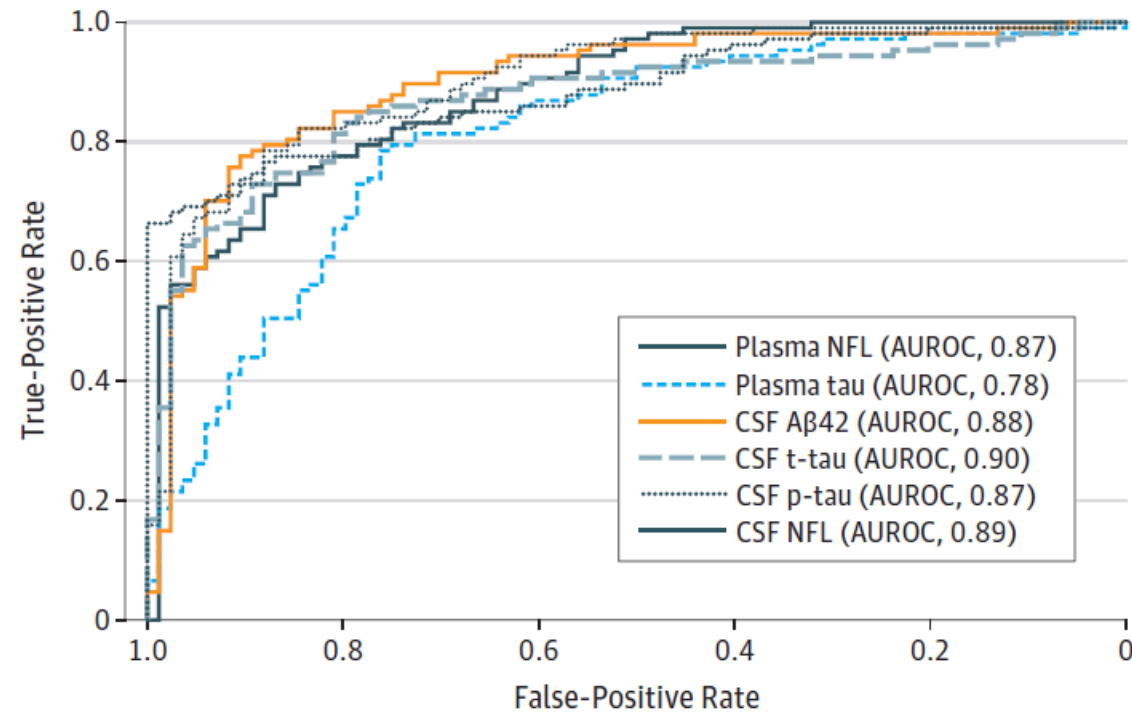
Future directions



1. New ultrasensitive immunoassay techniques:
plasma neurofilament light protein, plasma tau, plasma amyloid- β measures, **TDP-43 biomarkers...**
2. Tau treatments
3. Gene therapy
4. Deep brain stimulation
5. Adaptive trials (es. BAN2401, CNP520)

1. New ultrasensitive immunoassay techniques

B AUROC in AD dementia vs controls

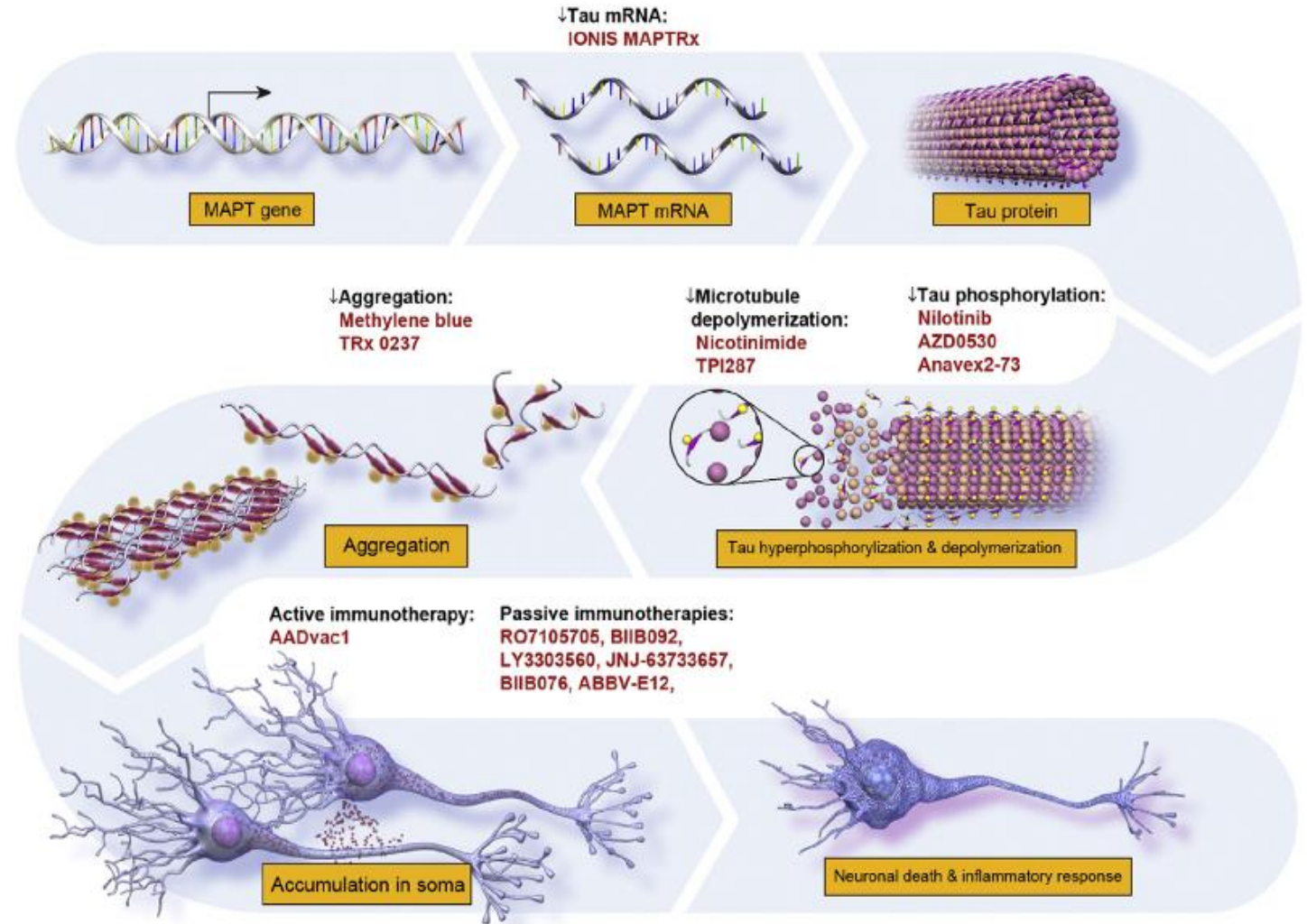


Not specific.

2. Tau treatments

«... neurofibrillary tangles burden more **closely correlate with cognitive decline** than amyloid plaque load...»

1. Which tau epitope?
2. What site of activity?
3. What level of target engagement?



3. Gene therapy

Original Investigation

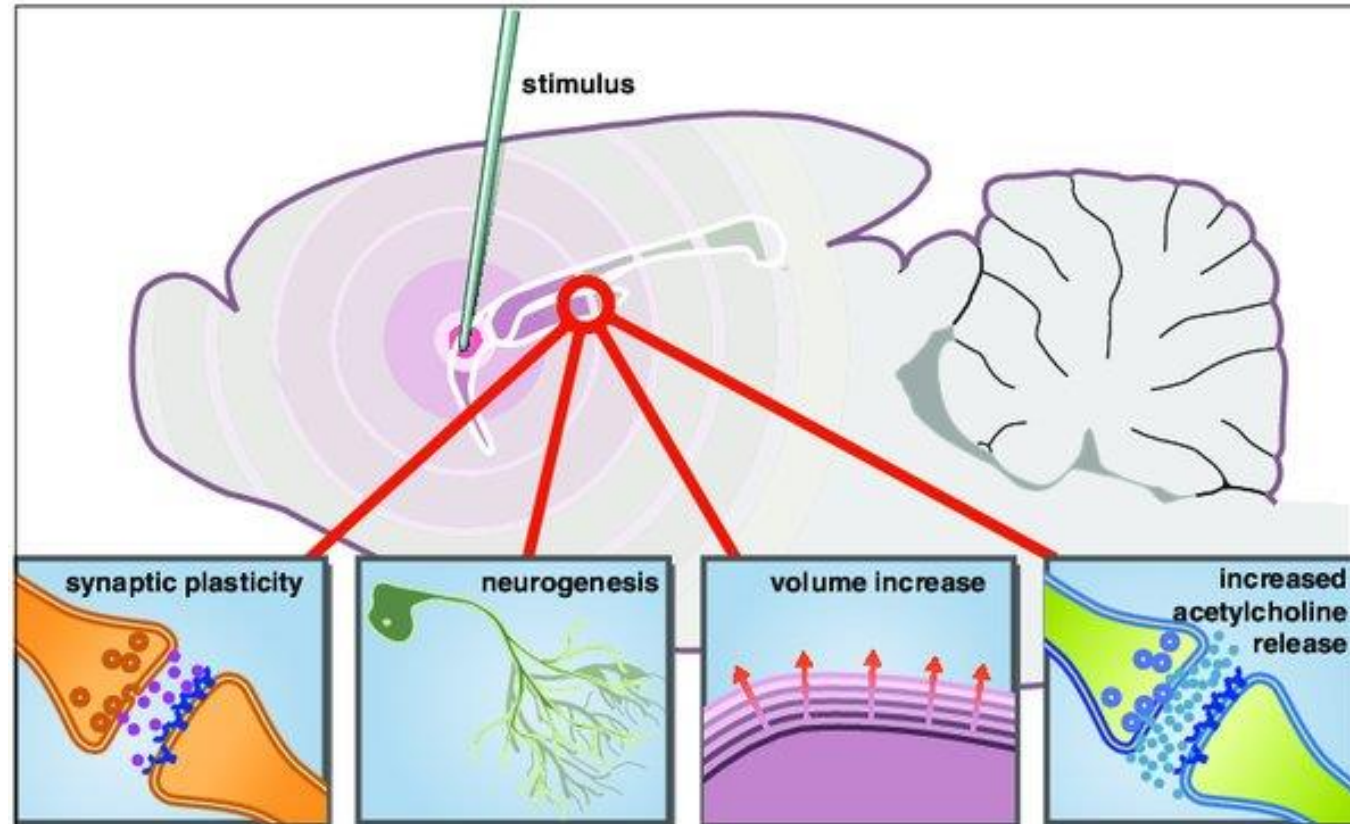
July 2018

Adeno-Associated Viral Vector (Serotype 2)-Nerve Growth Factor for Patients With Alzheimer Disease A Randomized Clinical Trial

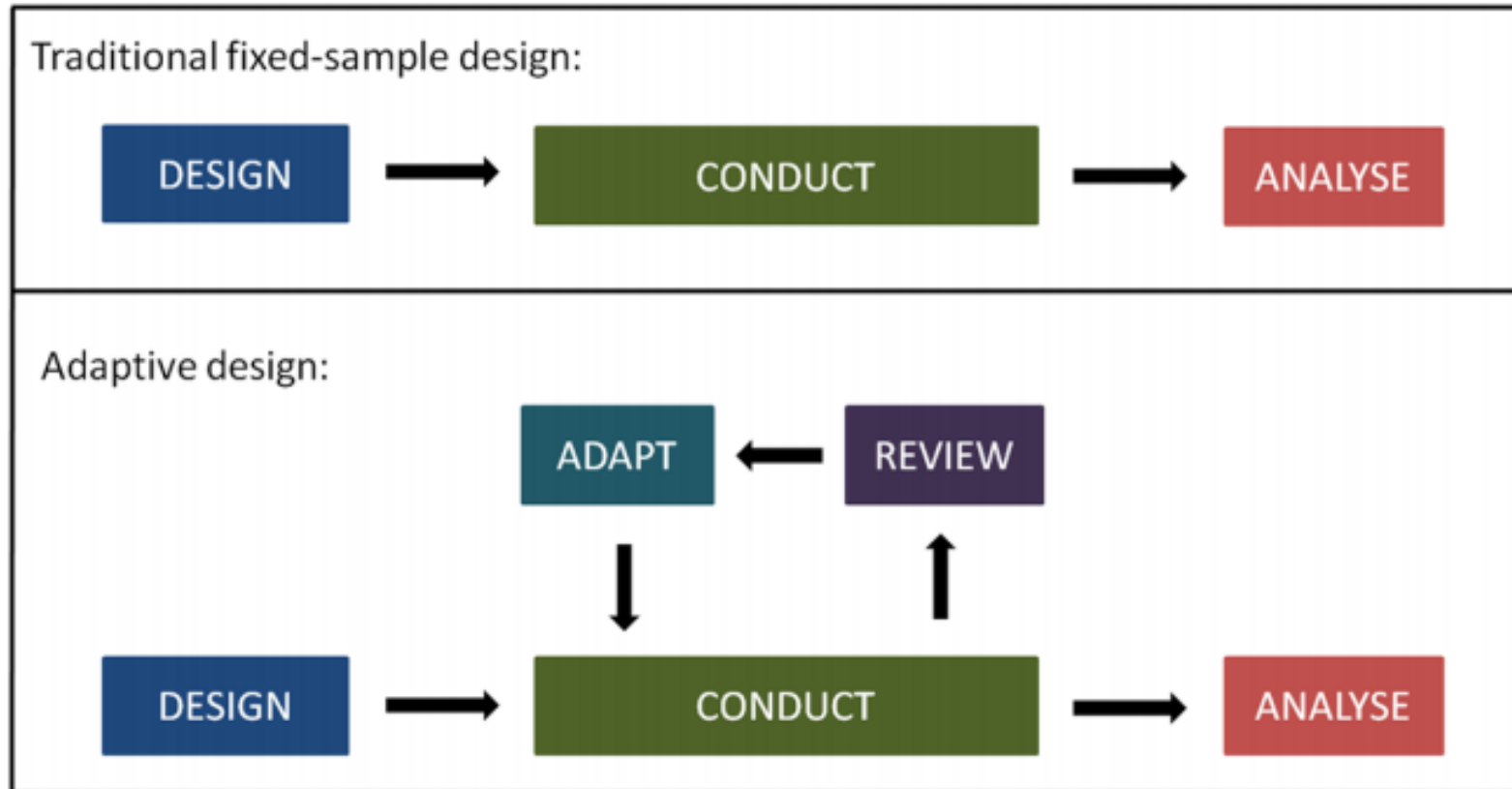
Michael S. Rafii, MD, PhD^{1,2}; Mark H. Tuszynski, MD, PhD²; Ronald G. Thomas, PhD²; et al

«this trial demonstrated the **feasibility of sham-surgery**, (...) but did **not affect clinical outcomes** or selected AD biomarkers...»

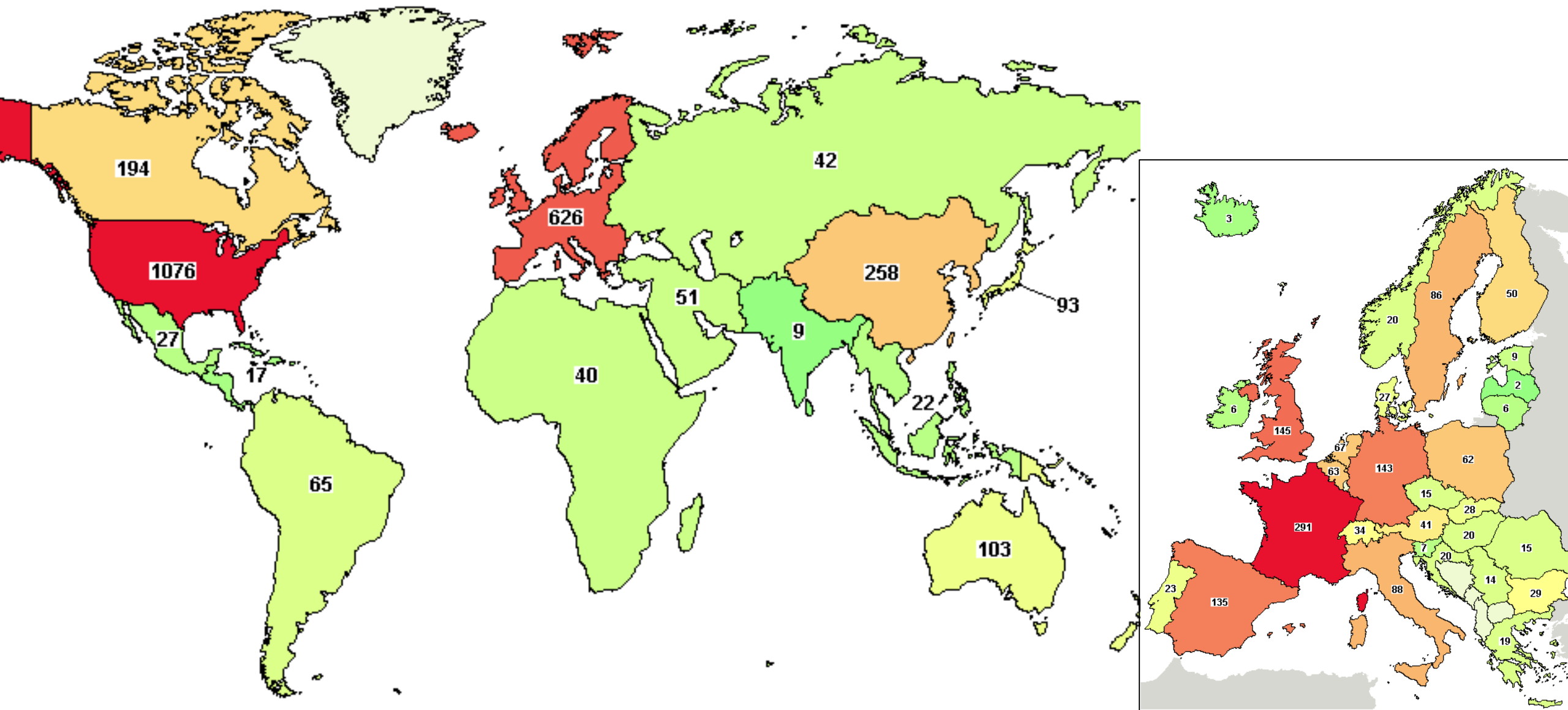
4. Deep brain stimulation



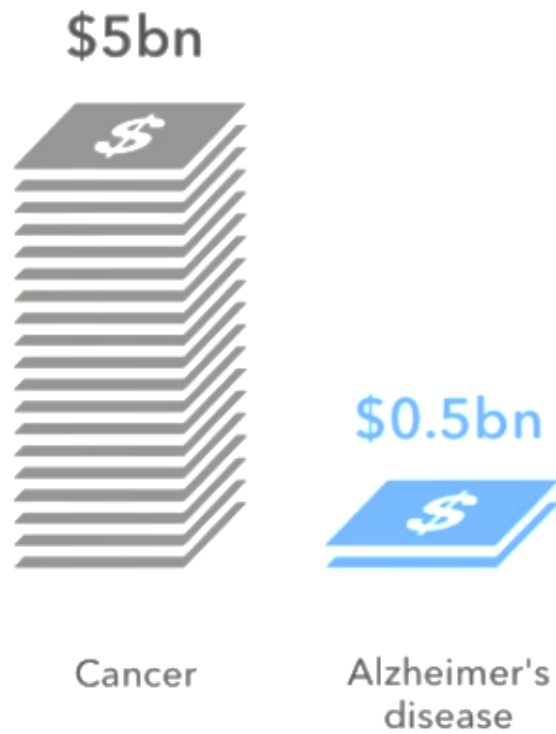
5. Adaptive trials



Clinicaltrials.gov



Research funding per year



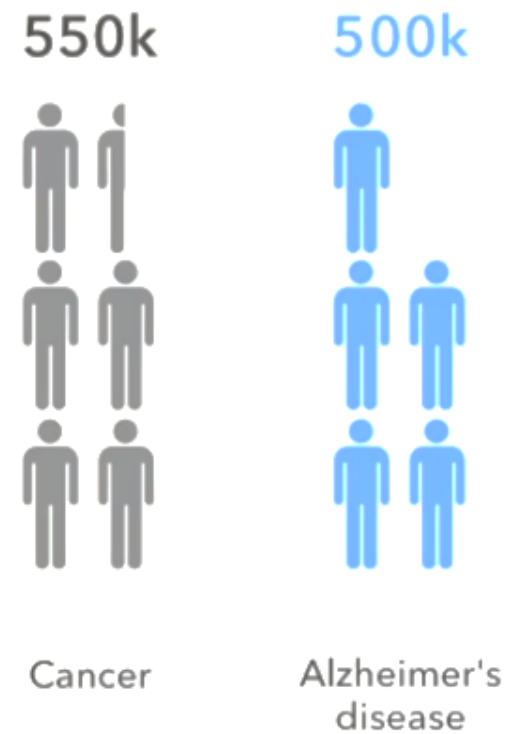
Source: US National Institute of Health

Cost of care per year

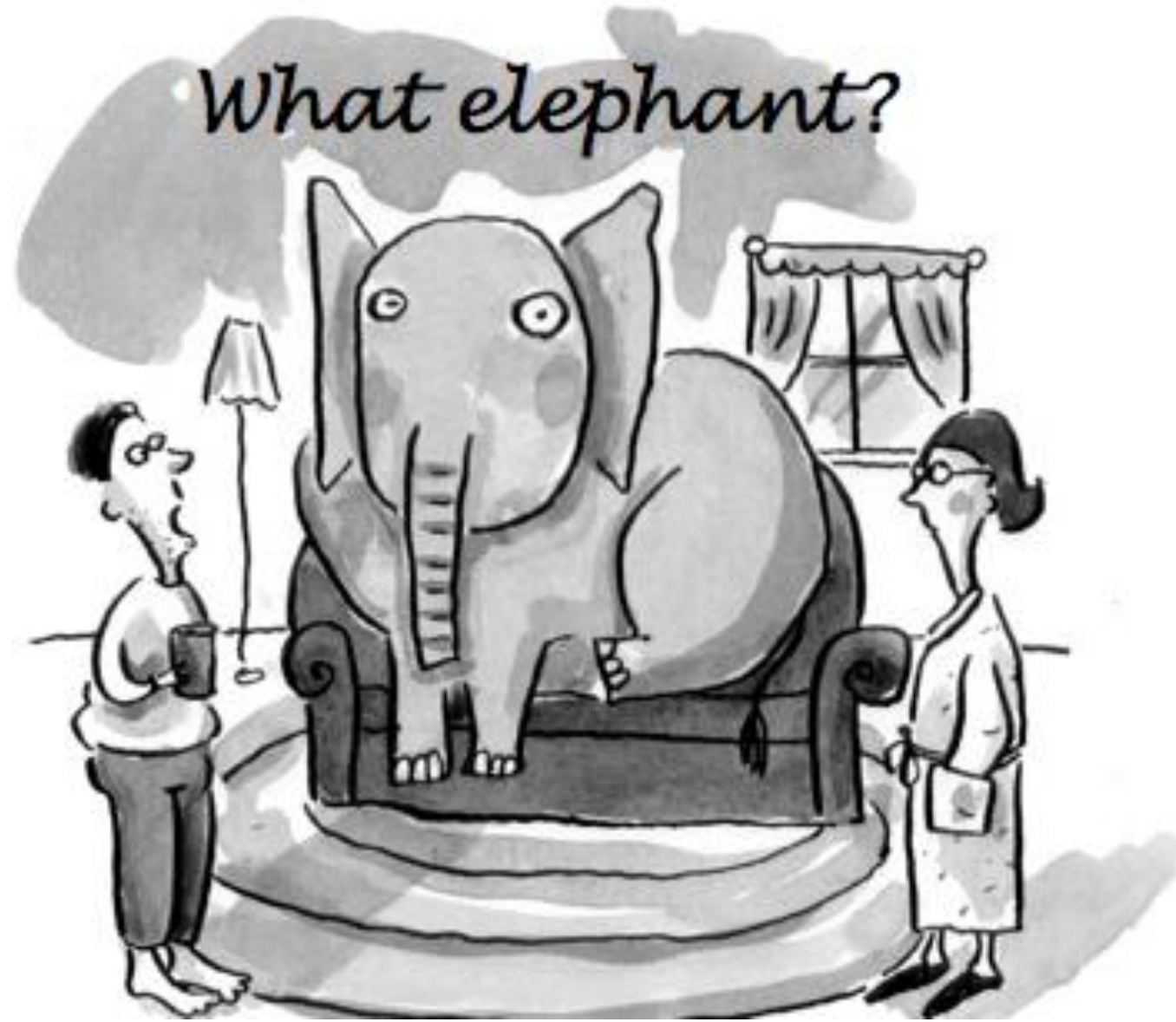


Source: Alzheimer Association, American cancer Society

Deaths caused per year



Source: US American Academy of Neurology (James et al., 2014), US Centers of Disease Control and Prevention



Everyone with a brain is at risk



GRAZIE



«... **first time** that a lowering effect on Abeta brain load was coupled with a positive effect on cognition with dose-dependent trends...»

«... the trial was not powered for the **exploratory** clinical endpoints, thus the clinical cognitive results should be interpreted with caution...»

Unresolved issues

Clearing previously deposited amyloid from the brain is more important than preventing its production?