

R&D Update

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SHA Meeting

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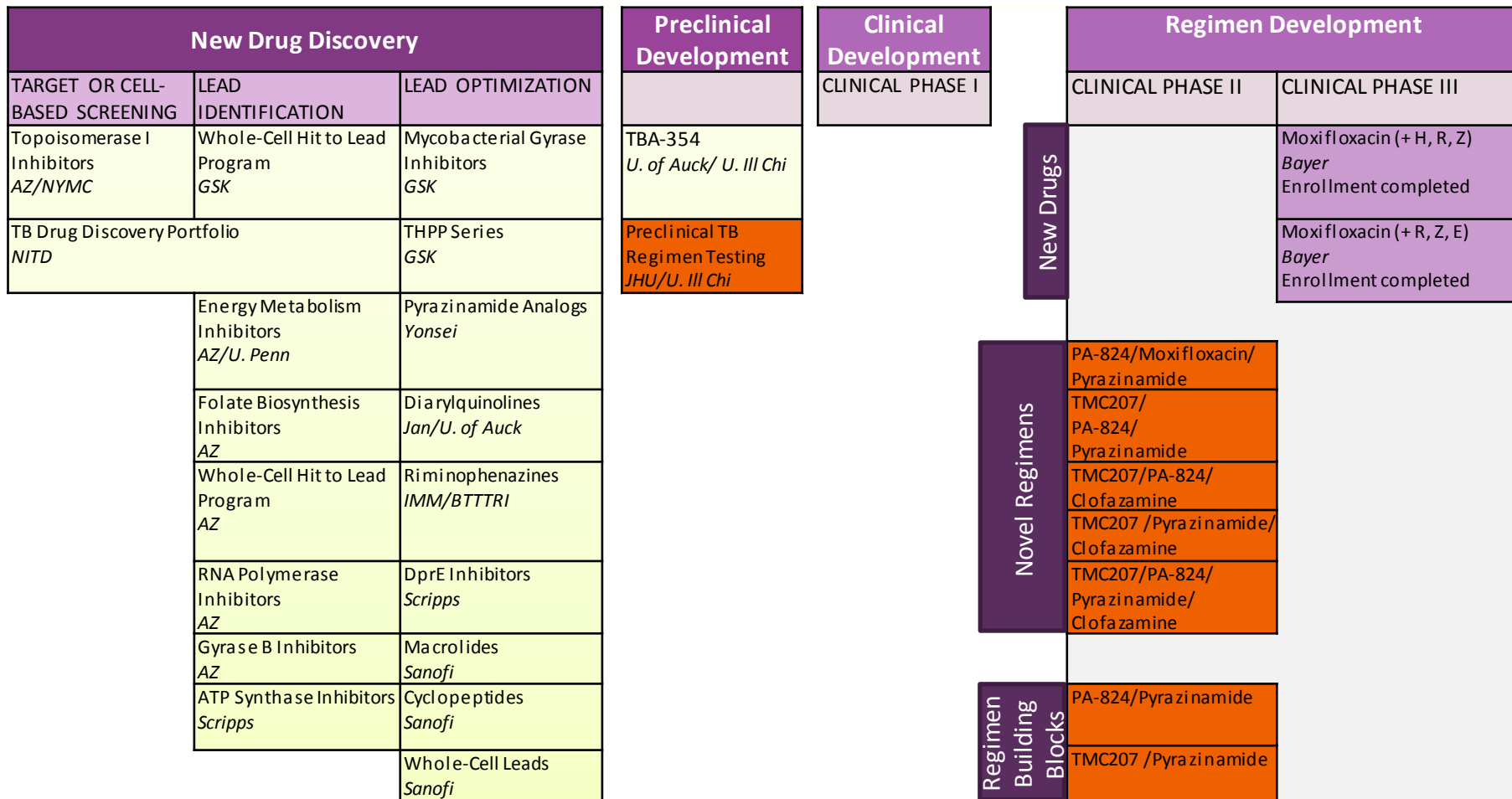


TB ALLIANCE

GLOBAL ALLIANCE FOR TB DRUG DEVELOPMENT

TB Alliance Strategic Focus

- R&D portfolio progression
 - Novel regimen development
 - Impact
- Delivering products to markets
 - Unified DS/DR development path
 - Controlled trials in XDR-TB as alternative to approvals based on 2-mo data
 - Planning for pediatric studies of new regimens
- Partnering / sustainable funding models



Our R&D Partners					
AZ	AstraZeneca	JHU	Johns Hopkins University	U. of Auck	University of Auckland
Bayer	Bayer Healthcare AG	NITD	Novartis Institute for Tropical Diseases	U. Ill Chi	University of Illinois at Chicago
BTTTRI	Beijing Tuberculosis and Thoracic Tumor Research Institute	Novartis	Novartis Pharmaceutical	U. Penn	University of Pennsylvania School of Medicine
GSK	GlaxoSmithKline	NYMC	New York Medical College	Yonsei	Yonsei University
IMM	Institute of Materia Medica	Sanofi	sanofi-aventis		
Jan	Janssen (of Johnson & Johnson)	Scripps	Scripps Research Institute		

Novel TB regimen development

Key New TB Alliance R&D Initiatives

“NiX-TB”

New Chemical Entities (N) in (i) XDR-TB (X-TB) = NixTB

Planning for pediatric studies of novel regimens

XDR- / TDR-TB: Proposed Collaborative “Rescue” Study, NiX-TB



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Global TB Drug Pipeline

Discovery¹

Preclinical Development

Clinical Development

Lead Optimization

Preclinical Development

GLP Tox.

Phase I

Phase II

Phase III

Diarylquinoline
 InhA Inhibitors
 LeuRS Inhibitors
 Mycobacterial Gyrase Inhibitors
 Pyrazinamide Analogs
 Riminophenazines
 Ruthenium (II) complexes
 Spectinamides
 Translocase-1 Inhibitors

CPZEN-45
 DC-159a
 Q201
 SQ609
 SQ641

BTZ043
 TBA-354

AZD5847
 Bedaquiline (TMC-207)
 Linezolid
 Novel Regimens²
 PA-824
 Rifapentine
 SQ-109
 Sutezolid (PNU-100480)

Delamanid (OPC-67683)
 Gatifloxacin
 Moxifloxacin
 Rifapentine

Chemical classes: **fluoroquinolone**, **rifamycin**, **oxazolidinone**, **nitroimidazole**, **diarylquinoline**, **benzothiazinone**

¹ Ongoing projects without a lead compound series can be viewed at <http://www.newtbdrugs.org/pipeline-discovery.php>.

² Combination regimens: first clinical trial (NC001) of a novel TB drug regimen testing the three drug combination of PA-824, moxifloxacin, and pyrazinamide was initiated November 2010 and completed in 2011 with promising results. The second clinical trial (NC002) of this regimen was launched in March 2012 and will test the efficacy of the regimen in drug-sensitive and multidrug-resistant patients. The third clinical trial (NC003) will evaluate PA-824, TMC-207, pyrazinamide and clofazimine in combinations and is scheduled to begin September 2012.



www.newtbdrugs.org

Updated: August 10, 2012

Background

- DS-TB is a curable disease
- MDR-TB is a curable disease with treatment options
- XDR- / TDR-TB is a disease where existing treatment options are poor
 - Optimal therapy should consist of at least 3 effective drugs to which M.tb is susceptible
 - New chemical entities without pre-existing resistance are currently in development, but not yet available
 - Aim is to help XDR-TB patients now under carefully controlled conditions while advancing understanding of entirely novel regimen

NiX-TB

- Foundation: a number of drugs without pre-existing resistance could have promising data by END2013
 - Bedaquiline, delamanid, PA-824, sutezolid, SQ109
 - Clofazimine?
- Proposal: initiate global study of combinations of NCEs in patients with XDR-/TDR-TB at select centers with aim of cure
 - Potential collaborators: Tibotec, Otsuka, TB Alliance, Pfizer, Sequella
 - Once collaborators have committed, mouse relapse data of combination(s) to predict duration of treatment
 - By providing complete regimen, prevent emergence of resistance
 - Pre-approval study; not intended for MDR-TB or to expand access beyond XDR
- Not compassionate use: highly selected centers, more intensive data collection, long-term follow up with definitive outcomes, learn to use regimen, learnings to be rapidly incorporated into treatment

Questions

- Would the risk/benefit ratio in XDR-TB patients justify such an “accelerated” approach?
- Could we justify putting a regimen together for definitive treatment with two drugs that have 2- to 6-month data and one with only 2-week data?
 - Bedaquiline/PA-824/sutezolid

Thank you!



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