UCSF Weill Institute for Neurosciences

Memory and Aging Center

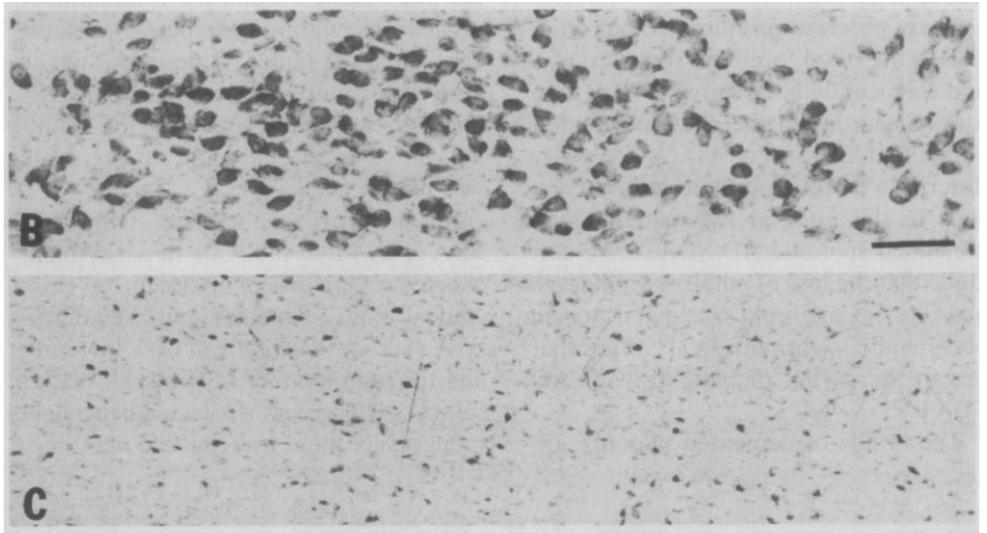
## Pharmacological treatment of Alzheimer's disease

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5/13/2019

# The mainstay of treatment for Alzheimer's disease is supportive care from family and other caregivers

#### The nucleus basalis of Meynert shows a profound reduction of cholinergic neurons in Alzheimer's disease

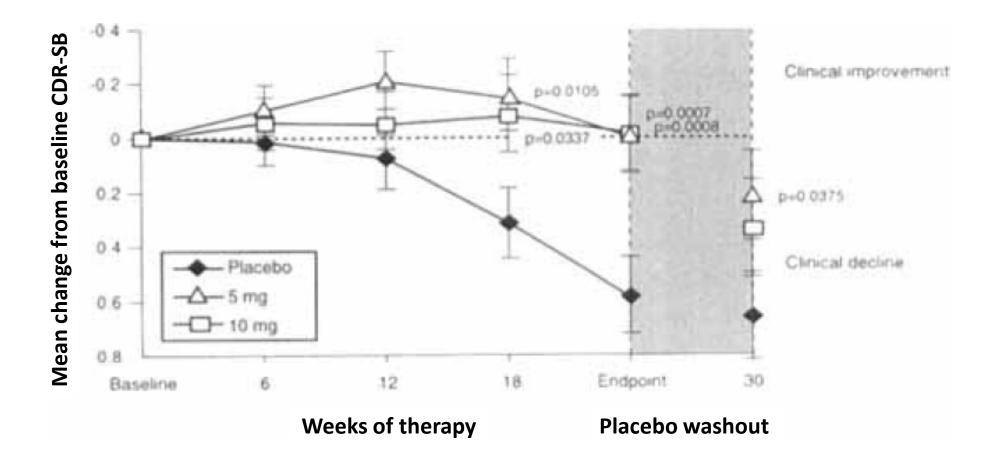


Healthy control

Alzheimer's disease

Whitehouse et al. Science 1982;215:1237

#### Cholinesterase inhibitors are a symptomatic treatment for Alzheimer's disease



Roger SL, et al. Neurology 1998;50:136-145

Donepezil Rivastigmine Galantamine Memantine

Cholinesterase inhibitors

NMDA receptor antagonist

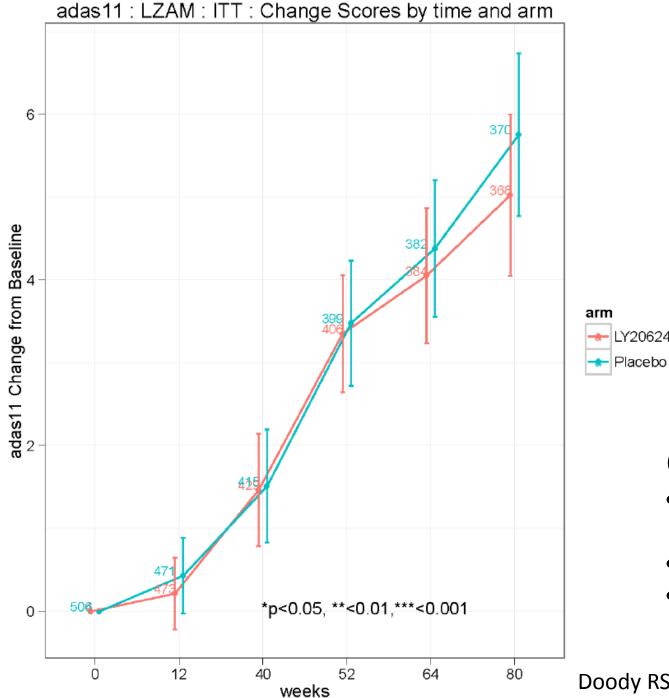
Approved therapies in AD (only used for the treatment of the dementia phase)

Plaques rich in A $\beta$ 42 and neurofibrillary tangles rich in 3/4R tau aggregates are pathological hallmarks of Alzheimer's disease

Plaque (Aβ42)

Tangle (Tau)

http://neuropathology-web.org/chapter9/chapter9bAD.html



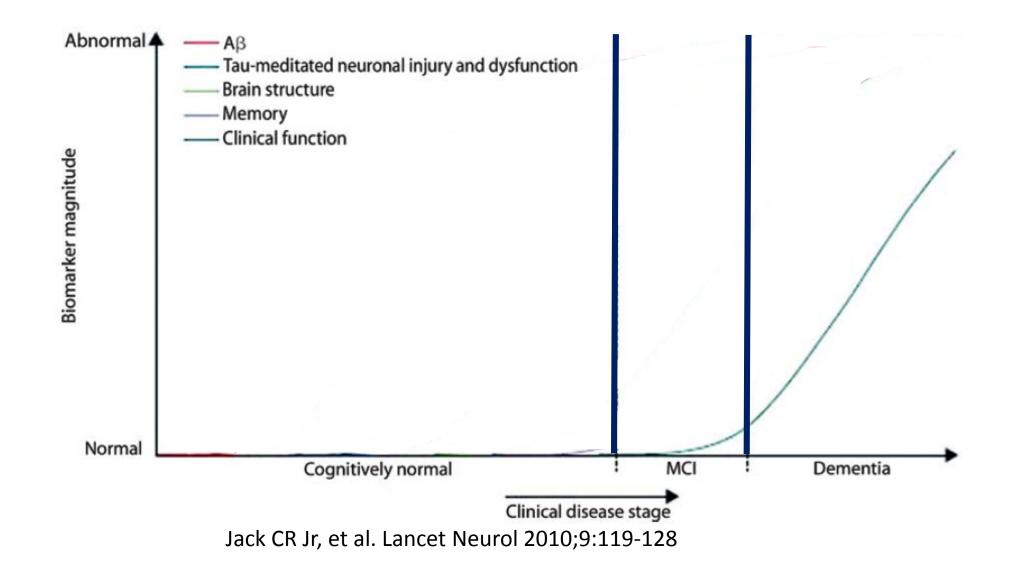
In two phase 3 double-blind trials, anti-amyloid therapy with solanezumab failed to improve Cognition or Flacebo functional ability

#### Caveats:

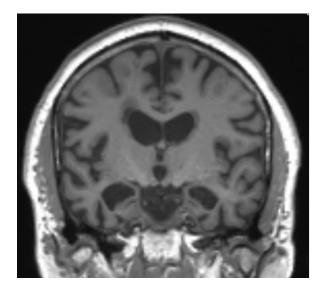
- Treatment started too late in the disease course
- AD diagnosis was clinical
- Drug not potent enough?

Doody RS, et al. N Engl J Med 2014;370:311-321

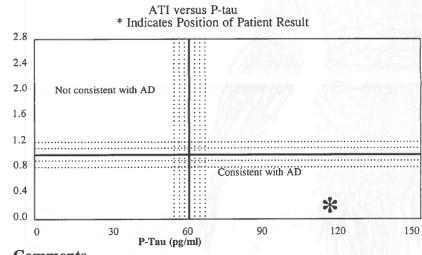
## An effective treatment for Alzheimer's disease will ideally target the earliest possible detectable abnormality



#### Alzheimer's disease biomarkers aid in patient selection for clinical trials



**Brain MRI** 

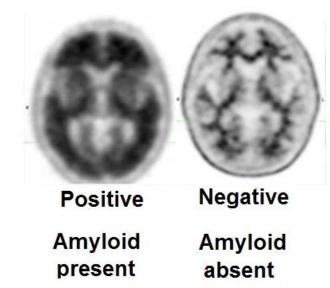


#### Comments

This analysis detected levels of  $A\beta_{(1-42)}$  peptide, total tau and phospho-tau protein in cerebrospinal fluid which are consistent with a diagnosis of Alzheimer's disease (AD) as a cause of his/her neurological symptoms. 1-11

**Technical Results** 230.95 pg/ml 910.5 pg/ml AB42 T-Tau 115.1 pg/ml 0.18 P-Tau ATI

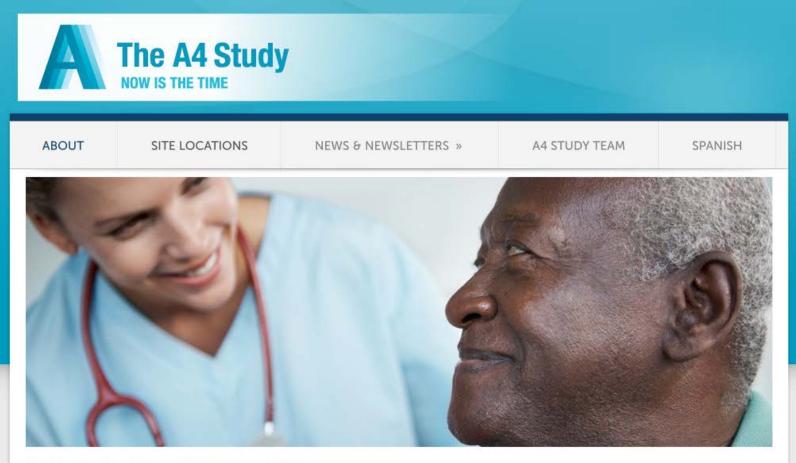
#### A $\beta$ 42, tau and p-tau in CSF



Brain amyloid PET

Manufacturer	Epitope	Origin	lsotype	Target	Possible mechanism of action	Outcomes in latest stage trial	Amyloid biomarker inclusion criteria in trials	Trials planned or in progress	Rate of amyloid- related imaging abnormalities
Eli Lilly	Mid-domain	Humanised	lgG1	Soluble, monomeric, non-fibrillar Aβ	Sequestration of soluble monomeric Aβ	Negative clinical outcomes in two phase 3 trials in mild-to-moderate Alzheimer's disease; possible slowing of cognitive decline in mild disease	None	Phase 3 trials underway in mild, preclinical, and autosomal- dominant Alzheimer's disease	Low
Pfizer/Johnson & Johnson	N-terminus	Humanised	lgG1	All forms of Aβ (fibrillar, oligomeric, monomeric)	Microglia- mediated clearance	Negative clinical outcomes in two phase 3 trials despite significant decrease in amyloid PET and phosphorylated tau concentrations in cerebrospinal fluid	None		Related to dose and APOE ε4 carrier status
Roche/ Genentech	Mid-domain	Humanised	lgG4	All forms of Aβ (fibrillar, oligomeric, monomeric)	Microglia- mediated clearance	Negative clinical outcomes in phase 2 trials in mild-to-moderate Alzheimer's disease; possible cognitive slowing in mild disease in patients given high doses	None in ABBY trial; amyloid PET in BLAZE trial	Phase 3 trial in autosomal- dominant Alzheimer's disease underway	Low
Eisai/Biogen	N-terminus	Humanised	lgG1	Fibrillar and oligomeric Aβ	Microglia- mediated clearance	No phase 2 trials yet completed	Amyloid PET	Phase 2 trial underway in mild cognitive impairment	
Roche/ Genentech	N-terminus and mid- domain	Human (phage display library and affinity maturation)	lgG1	Fibrillar and oligomeric Aβ	Microglia- mediated clearance	Negative clinical outcomes in phase 3 trial for prodromal Alzheimer's disease	Cerebrospinal fluid Aβ	New phase 3 trial in planning phase	Related to dose and APOE ε4 carrier status
Biogen/ Neurimmune	N-terminus	Human (RTM)	lgG1	Fibrillar and oligomeric Aβ	Microglia- mediated clearance	Dose-dependent decrease in amyloid PET and cognitive decline in early Alzheimer's disease (mild cognitive impairment and mild disease) in interim analysis of phase 1b trial	Amyloid PET	Phase 1 trial in prodromal or mild Alzheimer's disease and phase 3 trial of early disease underway	Related to dose and APOE ε4 carrier status
	Eli Lilly Pfizer/Johnson & Johnson Roche/ Genentech Eisai/Biogen Biogen/	Pfizer/Johnson N-terminus & Johnson Mid-domain Genentech Mid-domain Eisai/Biogen N-terminus Genentech N-terminus and mid- domain	Eli Lilly Mid-domain Humanised Pfizer/Johnson N-terminus Humanised & Johnson N-terminus Humanised Genentech Mid-domain Humanised Eisai/Biogen N-terminus Humanised Roche/ Genentech N-terminus Human (phage and mid- domain Human (phage and affinity maturation) Biogen/ N-terminus Human (RTM)	Eli Lilly Mid-domain Humanised IgG1   Pfizer/Johnson & N-terminus Humanised IgG1   Roche/ Mid-domain Humanised IgG1   Eisai/Biogen Mid-domain Humanised IgG4   Eisai/Biogen N-terminus Humanised IgG1   Roche/ N-terminus Humanised IgG1   Biogen/ N-terminus Human (phage display library and affinity maturation) IgG1	Eli Lilly Mid-domain Humanised IgG1 Soluble, monomeric, non-fibrillar Aβ   Pfizer/Johnson & N-terminus Humanised IgG1 All forms of Aβ (fibrillar, oligomeric, monomeric)   Roche/ Mid-domain Humanised IgG1 All forms of Aβ (fibrillar, oligomeric, monomeric)   Eisai/Biogen Mid-domain Humanised IgG4 All forms of Aβ (fibrillar, oligomeric, monomeric)   Eisai/Biogen N-terminus Humanised IgG4 Fibrillar and oligomeric, monomeric)   Roche/ N-terminus Humanised IgG1 Fibrillar and oligomeric Aβ   Roche/ N-terminus Human (phage display library and affinity maturation) IgG1 Fibrillar and oligomeric Aβ   Biogen/ N-terminus Human (RTM) IgG1 Fibrillar and oligomeric Aβ	Ein LillyMid-domainHumanisedIgG1Soluble, monomeric, non-fibrillarSequestration of soluble monomeric AβPfizer/Johnson & JohnsonN-terminusHumanisedIgG1All forms of Aβ (fibrillar, oligomeric, monomeric)Microglia- mediated clearanceRoche/ GenentechMid-domainHumanisedIgG4All forms of Aβ (fibrillar, oligomeric, monomeric)Microglia- mediated clearanceEisai/BiogenN-terminusHumanisedIgG4All forms of Aβ (fibrillar, oligomeric, monomeric)Microglia- mediated clearanceEisai/BiogenN-terminusHumanisedIgG1Fibrillar and oligomeric AβMicroglia- mediated clearanceRoche/ GenentechN-terminus and mid- and mid- domainHuman (phage alfipal glG1Fibrillar and oligomeric AβMicroglia- mediated clearanceBiogen/ NeurimmuneN-terminusHuman (RTM)IgG1Fibrillar and oligomeric AβMicroglia- mediated clearance	Eli LillyMid-domainHumanisedIgG1Soluble, monomeric, non-fibrillarSequestration of soluble monomeric, non-fibrillarNegative clinical outcomes in two phase 3 trials in mid-to-moderate AβPfizer/JohnsonN-terminusHumanisedIgG1All forms of Aβ (fibrillar, oligomeric, monomeric)Nicroglia- mediated clearanceNegative clinical outcomes in two phase 3 trials in mid-to-moderate Akbeimer's disease; possible slowing of cognitive decline in mild diseasePfizer/JohnsonN-terminusHumanisedIgG1All forms of Aβ (fibrillar, oligomeric, monomeric)Nicroglia- mediated clearanceNegative clinical outcomes in two phase 3 trials despite significant decrease in amyloid PET and phosphotylated tau concentrations in cerebrospinal fluidRoche/ GenentechMid-domainHumanisedIgG4All forms of Aβ (fibrillar, oligomeric, monomeric)Nicroglia- mediated clearanceNegative clinical outcomes in phase 2 trials in mild-to-moderate Alzheimer's disease; possible cognitive slowing in mild disease in patients given high dosesEisal/BiogenN-terminusHuman (phage diglay library and affinity maturation)Fibrillar and oligomericAβMicroglia- mediated clearanceNegative clinical outcomes in phase 3 trial for prodromal Alzheimer's disease in amyloid PET ad clearanceBioger/ NeurimmuneN-terminusHuman (RTM)IgG1Fibrillar and oligomericAβMicroglia- mediated clearanceNo pase 2 trials yet completedBioger/ Neurimmune	HartLowMailHumanisedIgG1Soluble, monomeric, non-fibrillar, AβSequestrationNegative clinical outcomes in two phase 3 trials in mild-to-moderate Ak the imerist disease; possible slowing of cognitive decline in mild diseaseNoneFizer/JohnsonN-terminusHumanisedIgG1All forms of Aβ (fibrillar, oligomeric, monomeric)Microglia- mediated clearanceNegative clinical outcomes in two phase 3 trials in mild-to-moderate Ak the imerist disease; possible slowing of cognitive decline in mild diseaseNonePfizer/JohnsonN-terminusHumanisedIgG1All forms of Aβ (fibrillar, oligomeric, monomeric)Microglia- mediated clearanceNone in ABBY trials in mild-to-moderate Ak the imerist disease; horigomeric, monomeric)None in ABBY trials in mild-to-moderate and phosphoylated tau cotomes in two phase 2 trials anyloid PET and phosphoylated tau cotomes in phase 2 trials patient sple significant patient sple high dosesNone in ABBY trial anyloid PET in BLAZE trial clearanceRoche/ GenentechN-terminus diminusHumanised diggin disple libril and mid- maturationIgG1Fibrillar and oligomeric, mediated clearanceNogative clinical completedAmyloid PET trial sple clearanceRoche/ GenentechN-terminus disple libril and mid- domainHuman (Phage diggin maturation)IgG1Fibrillar and oli	LinkLinkMethod </td

A number of anti-amyloid therapies have failed to show benefits in clinical trials



#### What is the A4 Study?

The purpose of the Anti-Amyloid Treatment in Asymptomatic Alzheimer's study (the "A4 Study" for short) is to test whether a new investigational treatment, called an anti-amyloid antibody, can slow memory loss caused by Alzheimer's disease. Amyloid is a protein normally produced in the brain that can build up in older people, forming amyloid plaque deposits. Scientists believe this buildup of deposits may play a key role in the eventual development of Alzheimer's disease-related memory loss. The overall goal of the A4 Study is to test whether decreasing amyloid with an antibody investigational treatment can help slow the memory loss associated with amyloid buildup in some people.

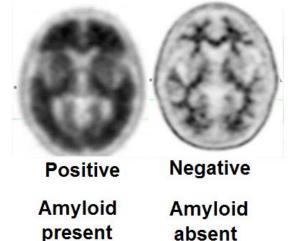
The A4 Study invited older individuals (ages 65-85) who have normal thinking and memory function but who may be at risk for memory loss due to Alzheimer's disease, but have no outward signs of the disease to participate in the study. We enrolled 1,169 adults who have an "elevated" level of amyloid plaque in their brain. Physicians and researchers used an imaging test called a PET scan to determine whether a potential participant has evidence of this plaque buildup. People who do not show evidence of elevated amyloid in their brains were not able to participate, but some were asked to participate in a separate study. This group will not receive the investigational drug or placebo (i.e., an inactive substance designed to mimic the

Anti-amyloid treatments are focusing on reducing brain amyloid before AD symptoms begin

#### https://a4study.org/

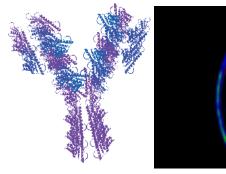
## Emerging anti-amyloid trials: press release May 10, 2019

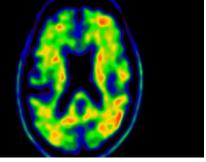
- A45 (pre-symptomatic AD)
  - Cognitively normal individuals with positive amyloid PET
  - BAN2401 (anti-amyloid monoclonal antibody) followed by elenbecestat (BACE inhibitor)
- A3 (primary prevention)
  - Cognitively normal individuals with <u>negative</u> amyloid PET at risk of amyloid accumulation
  - Elenbecestat (BACE inhibitor) vs. placebo
- Enrollment to begin in early 2020



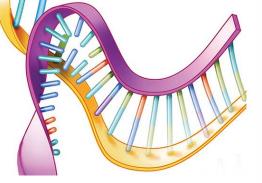
https://www.a3a45.org/

### Treatment of Alzheimer's disease: thinking out of the box

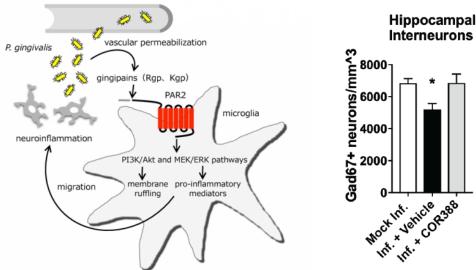




Anti-tau monoclonal antibodies



Anti-sense oligonucleotides



COR388: anti-gingipain protease inhibitor



2018, VOL. 27, NO. 5, 247-248 https://doi.org/10.1080/08037051.2018.1507621 Taylor & Francis Taylor & Francis Group

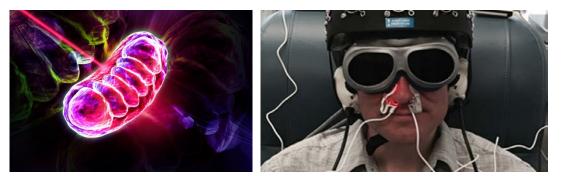
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EDITORIAL

BLOOD PRESSURE

Intensive blood pressure lowering prevents mild cognitive impairment and possible dementia and slows development of white matter lesions in brain: the SPRINT Memory and Cognition IN Decreased Hypertension (SPRINT MIND) study

Intensive blood pressure control



#### Transcranial photobiomodulation

West T, et al. J Prev Alzheimers Dis 2017;4:236-241 https://www.alzforum.org/therapeutics/biib080 Kaba S, et al. Clinical Trials on Alzheimer's Disease October, 24-27,2018 Kjldsen SE, et al. Blood Press 2018; 27:247-248 Chao LL. Photobiomodul Photomed Laser Surg 2019;37:133-141

## Pharmacological treatment of Alzheimer's disease **Conclusion**

- Therapy development in Alzheimer's disease is challenging, but it is an active field of research
- Current approaches pursue early intervention
- Novel emerging strategies will likely accompany anti-amyloid and anti-tau approaches in the future