

PRESS RELEASE

Highlights from the 5th International Conference on Clinical Trials in Alzheimer's Disease, October 29 in Monte Carlo, Monaco.

Data continue to be analyzed from the Bapineuzumab Phase 3 clinical trial, which recently reported a failure to meet clinical endpoints. Presentations at CTAD indicate that despite these disappointing overall results, intriguing clues have emerged from these data that may elucidate pathogenic mechanisms and inform the design and execution of future trials as well as the decisions by regulatory agencies regarding approval of drugs.

In particular, biomarker studies are now almost universally incorporated into drug trials. The U.S. Food and Drug Administration (FDA) has signaled its willingness to consider biomarker data in decisions about drug approvals, and the European Medicines Agency (EMA) has issued guidances on the use of both amyloid imaging and cerebrospinal fluid (CSF) biomarkers for enriching subject selection in clinical trials. The Coalition Against Major Diseases (CAMD), part of the Critical Path Initiative, is working with both of these agencies as well as industry partners to harmonize regulatory requirements so that sponsors will be able to meet the requirements of multiple regulatory agencies more efficiently.

Moreover, the increasing importance of biomarkers and neuroimaging makes harmonization and standardization of protocols ever more important. Professor Giovanni Frisoni reported the latest results from an international consortium of experts who reached agreement on a protocol for assessing magnetic resonance scans. This protocol is now undergoing validation at multiple worldwide sites. Harmonization of the protocol will ensure that a scan performed in one location can be compared to one performed elsewhere.

There are also efforts to identify new biomarkers of disease as well as more sensitive clinical assessment tools. Karim Bennys, MD, reviewed studies assessing event related potentials (ERPs) in early AD. ERP assesses synaptic dysfunction, which is thought to be affected in the earliest stages of the disease. Bennys suggested ERPs may be useful as biomarkers to identify those at risk for AD, predict the transition from MCI to AD, and assess the effectiveness of new treatments.

Meanwhile, the search continues for other drugs that may offer even better efficacy. Merck reported progress on a drug that reduces the level of amyloid in the cerebrospinal fluid (CSF) by inhibiting an enzyme that cleaves the amyloid precursor protein into what are thought to be toxic fragments. In healthy subjects, the drug was well tolerated and reduced CSF beta amyloid by up to 94%. According to Michael Egan, M.D., the drug offers a new approach to test the hypothesis that amyloid is responsible for AD pathogenesis.

Another amyloid-based drug, ELND005 (scyllo-inositol) is being developed by Elan Pharmaceuticals. A post-hoc analysis of data from a phase 2 study suggested that the drug reduces agitation and aggression in individuals with moderate AD. These two neuropsychiatric symptoms are among the most common and disruptive symptoms of AD.