# SOM3355, a promising repurposed candidate intended for the treatment of Huntington's disease and other related hyperkinetic movement disorders



Barcelona, 20 de octubre de 2015







# **Content**

- 1. The Institution
- 2. The Product

**Target Indications** 

Innovative mechanisms of action

Differential features facing the market

Current status of development

**IPR** protection

Pitfalls & Risks to be considered

3. Partnering Opportunities









### 1. The Institution

### **MANAGEMENT TEAM**



### Raúl Insa, CEO, Founder

- MD in Clinical Neurology, ESADE, IESE, Harvard.
- 21 years: Parke-Davis, UCB, Uriach, ISDIN.

#### David Gonzalvo, CFO

- · Chartered Financial Analyst.
- ESADE Business & Law.

### Núria Reig, R&D Manager

- · PhD in Biochemistry.
- 7 years: USA and Switzerland (Biotech).

### **Oscar Huertas, Senior Scientist**

- · BSc Computational Chemistry.
- 4 years experience: Intelligent Pharma.

### Richard Le, Junior Scientist

· BSc and Master in Applied Science.

### Santiago Esteva, Business Development

- PhD in Biology. Master Pharma MRKT.
- 5 years experience in clinical CRO.

### STRATEGIC ADVISORY

### Joaquim Trias, PhD

- Bio entrepreneur
- San Francisco, US

### Catherine Miner, BSc, MBA

- Entrepreneur, Managing Partner WTCP
- Toronto, Canada.

### Raj Airey, BSc, MBA

- Ex CEO in Pfizer, Baxter, others
- 26 years experience in license, M&A

### Hermann A.M. Mucke, PhD

- Ex R&D Vice-president at Roche
- · University of Vienna. Austria

### **KEY SHAREHOLDERS**

 Founder
 22 %

 FFF & BBAA (19)
 39 %

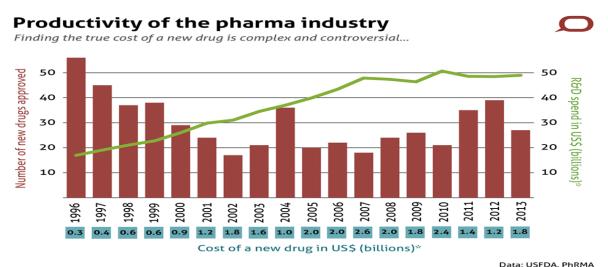
 Industrial Investors (3)
 39 %





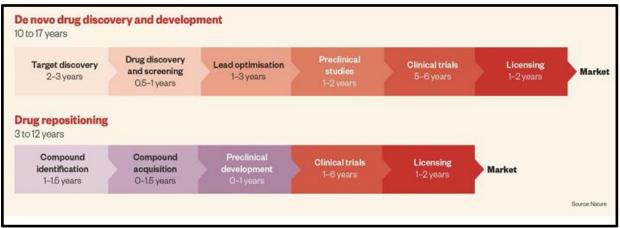






Akshat Rathi | theconversation.com \* New drug cost and R&D spend could be 30% higher if non-PhRMA members are included

# Drug Repositioning or Reprofiling



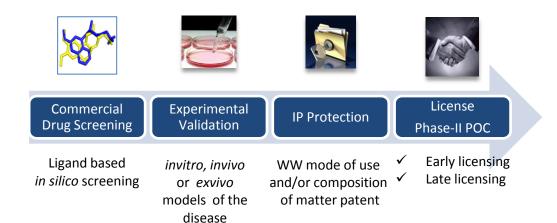


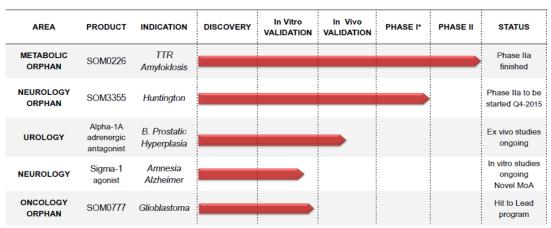






# SOM Biotech's Business Model and Pipeline















# 2. The product

# **SOM3355:** a repositioned drug for HUNTINGTON's DISEASE and other related hyperkinetic movement disorders

Condition	Disease characteristics	Prevalence	Worldwide potential sales forecast/year	
Huntington's disease	<ul><li>Mutation of the Htt gene</li><li>Expanded polyglutamine tract</li></ul>	2.71/100,000	USD 250 M	
Tourette's syndrome	<ul> <li>Tic disorder; multiple physical motor tics</li> <li>Dysfunction in cortical &amp; subcortical regions (thalamus, basal ganglia and frontal cortex)</li> </ul>	0.4-1/100	USD 170.8 M	
Tardive dyskinesia	<ul> <li>Involuntary, repetitive body movements</li> <li>Results primarily from neuroleptic-induced DA supersensitivity in the nigrostriatal pathway</li> </ul>	20/100 (Wide range of estimations)	TBD	
Hemiballism	<ul> <li>Decrease in activity of the subthalamic nucleus of the basal ganglia</li> <li>Decreased suppression of undesired movements</li> </ul>	TBD	TBD	





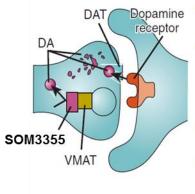




### **Mechanism of Action**

It has been demonstrated that SOM3355 inhibits striatal **Vesicular Monoamine Transporter-2 (VMAT-2 inhibitor)** and ultimately, it reduces dopamine transmission selectively in the CNS.

#### SOM3355 Mechanism of Action



- SOM3355 selectively and reversibly inhibits striatal VMAT2
- Cytoplasmic dopamine rapidly degraded by monoamine oxidase (MAO) in synaptic terminal → presynaptic depletion
- Selective for dopamine >> norepinephrine and/or 5–HT
- SOM3355 reduces dopamine transmission selectively in the CNS

DAT = dopamine transporter

VMAT = vesicular monoamine transporter

DA = dopamine

**Tetrabenazine:** Available approved symptomatic treatment (VMAT-2 Inhibitor).









SOM3355 vs. Competitors	SOM3355	Tetrabenazine	SD-809 Auspex's deutered tetrabenazine
MoA/Administration	VMAT2-inhibitor / Oral	VMAT2-inhibitor / Oral	VMAT2-inhibitor / Oral
Chemical structure	Totally Different	SH3	
Safety: General aspects	+++ No significant SAEs reported for its primary indication	Black Box reported by FDA (Parkinsonism, suicidal thoughts and Neurol. Malignant Syndrome)	+/- Short-term safety profile (low rates of adverse events) Long-term safety unknown
Safety: Neurological afflictions depression, psychosis and aggressive behavior	+++ Not contraindicated for HD patients presenting these neurological afflictions	American Academy of Neurology does not recommend TBZ when these neurological afflictions are present.	It is suggested not to be used in HD patients with these neurological afflictions during clinical phases*
Safety : Hepatic function	+++ Not contraindicated	Contraindicated in patients with hepatic impairment.	Contraindicated in patients with hepatic impairment.
Dosage	++ Once-or twice-daily dosing	3 times daily with High Cmax	+ Twice daily dosing expected
Other potential indications	++ Tourette's Syndrome's, Tardive Dyskinesia and Hemiballism	Tourette's Syndrome's, Tardive Dyskinesia and Hemiballism in some countries	++ Potentially active for Tourette's Syndrome's, Tardive Dyskinesia and Hemiballism
Price	++ 2.700€/patient/year est. (wide margin of negotiation)	+++ 1.300€/patient/year	High price expected (reimbursement problems)

<sup>\*</sup> Large HD population (with psychiatric and neurological afflictions) excluded from clinical trials.









### Program's pipeline

# In silico

Top 100 list

2012

### In vitro

VMAT2 inhibition assay

2013

### IP

EP patent filed

'Therapeutic agents for use in the prophylaxis and/or treatment of hyperkinetic movement disorders'

**JUN 2013** 

### In vivo

Quantification of SOM3355 brain levels after oral administration

2013-2014

SOM3355-Huntington	2013	2014	2015			2016			2017	2018		
	Yr	Yr	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Yr	Yr
Preclinical Studies												
Preclinical package							7					
Phase IIa POC EU Huntington(n=20)												
					$\overline{}$						-	-
Orphan Drug Status US/EU					1							
EMA/FDA Advise										<b>•</b>		
Non-Clinical Package												
Clinical Samples (Phase IIb/III)												
IND/IMPD										•		
Phase III Pivotal Studies												
NDA												
Approval												•

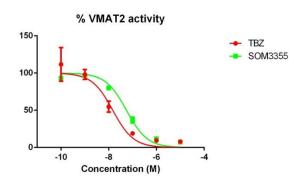


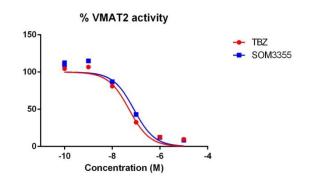






# **Results Summary**



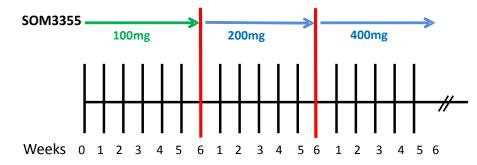


Product code	IC50
Tetrabenazine	36.7 nM
SOM3355	60.3 nM

Product code	IC50			
Tetrabenazine	10.5 nM			
SOM3355	42.8 nM			

# SOM3355 Dose Brain/plasma concentration ratio\* 50 mg/kg 5.45 100 mg/kg 12.94

### PoC Study scheme. UHDRS assessment











<sup>\*</sup> ng SOM3355/gram of brain in relation to ng SOM3355/gram of plasma

### **IPR Protection**

► European patent application filed on 19<sup>th</sup> June 2013

Application patent number: EP 13 38 2230

Extended European Search Report received on Dec 2013

Full revision of the references found by the examiner

- PCT filling on June 2014: in the process of re-writing the document according to EESR
- > Patent publication: 24th Dec 2014
- National Stage entry expected on Dec 2015





### Pitfalls & Risks to be considered

- Generic drug competitor in the market (with bad safety profile and difficult compliance).
- SOM3355's MoA not novel (VMAT-2 largely used and effective).
- Orphan drug designation not yet obtained (to be filed when human data is available).









### 3. Partnering Opportunities

- SOM Biotech's business model is based in **licensing out** its current portfolio programs. After Patent of New Use is filed and before or after Human PoC is performed.
- Joint-venture agreements for the development of repositioned drugs is also a common partnering opportunity.
- Also interested in in licensing repositioning programs aligned with SOM's pipeline.

SOM's mission is to provide worldwide repositioned drug access by **discovering**, **patenting**, **developing and licensing** the application of already available drugs for their development and commercial use in unknown indications.









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