XIII Encuentro de Cooperación Farma-Biotech

# BN201 and 2nd generation program in orphan neuro-ophthalmology



Barcelona, 20 de octubre de 2015





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### Content

- 1. The Institution
- 2. BN201
  - a) Target Indications
  - b) Innovative mechanisms of action
  - c) Differential features facing the market
  - d) Current status of development
- 3. Second-generation program
- 4. Pitfalls & Risks to be considered
- 5. Partnering Opportunities









### 1. HQ in Menlo Park, CA – Subsidiary in BCN

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# San Francisco

- HQ & Clinical Operations
- IP, exclusive worldwide rights
- Raising \$15M series A

### Barcelona

Raised \$8M in funding (dilutive & non-dilutive), access to EU grants

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 Preclinical & 2<sup>nd</sup> generation program

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### 1. Founders & SAB



### 1. Founders & SAB

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Strategy & Biz

Neuro-ophthalmology, ON, NMO



Neuro-immunology, MS

BN201 is a small molecule, NCE, first-in-class drug intended for an intravenous, acute and recurrent intervention in AON and NMO.



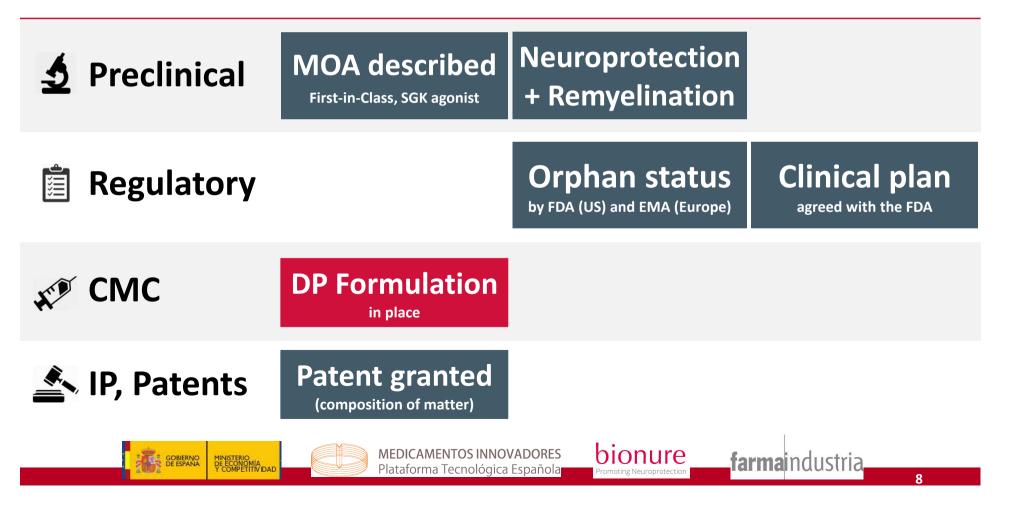


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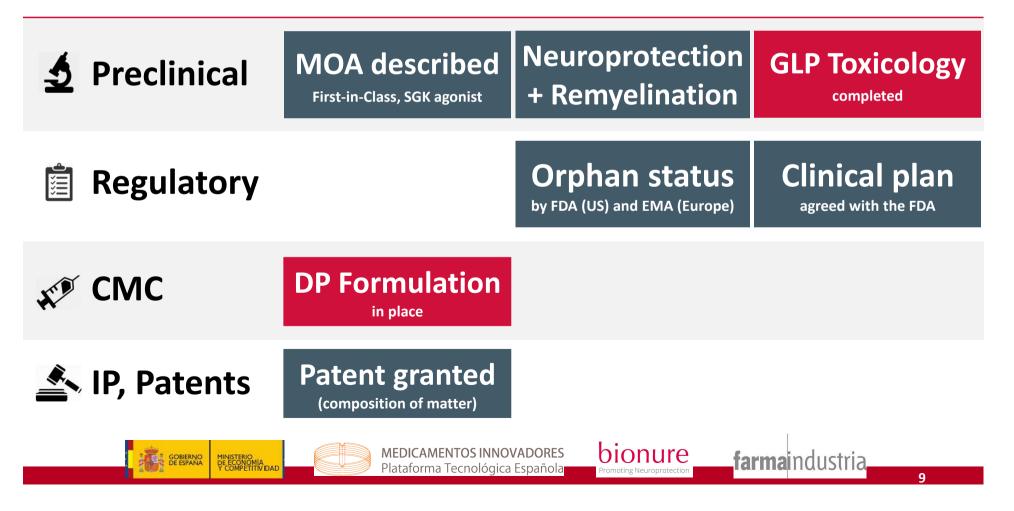
BN201 is a small molecule, NCE, first-in-class drug intended for an intravenous, acute and recurrent intervention in AON and NMO.

<b>Dreclinical</b>	<b>MOA described</b> First-in-Class, SGK agonist	Neuroprotection + Remyelination	
Regulatory		<b>Orphan status</b> by FDA (US) and EMA (Europe)	<b>Clinical plan</b> agreed with the FDA
K CMC			
🛓 IP, Patents	Patent granted (composition of matter)		
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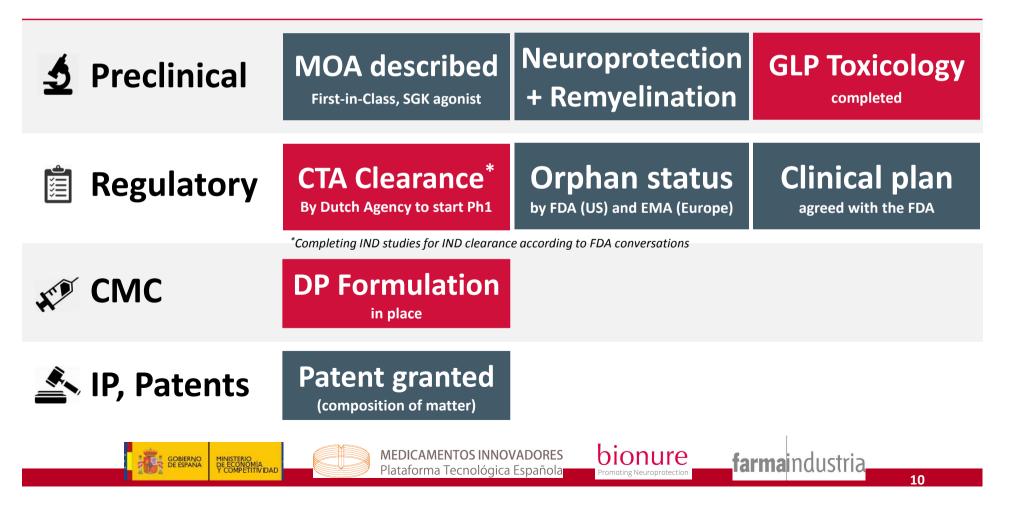
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BN201 is a small molecule, NCE, first-in-class drug intended for an intravenous, acute and recurrent intervention in AON and NMO.



### 2. Funded by the National MS Society

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National Multiple Sclerosis Society



Bionure and National MS Society enter into a collaboration to support the development of a new chemical entity for Optic Neuritis and MS

- The National Multiple Sclerosis Society is aimed at accelerating the development of new and improved therapies for MS
- The National MS Society will provide funding to Bionure for the late-preclinical development of BN201 to enable IND filling to support the Phase 1 clinical study in Acute Optic Neuritis (AON). Optic neuritis is often a first sign of multiple sclerosis.

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### Funded by the National MS Society (2015)

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# **ORIGINAL FOCUS**

#### **DEGENERATIVE DISEASES** 2 **R** PARKINS IMF ER **MULTIPLE SCLEROSIS** 6 U **AMYOTROPHIC SCHIZ** RAL SCLEROSIS DEM MUSCULAR GLAUCOMA FR **REICH'S ΑΤΑΧΙΑ** F. Ζ

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romoting Neuroprotectior

#### **NERATIVE DISEASES** 4 DE( ЬI ACUTEMER PARKINS ENER **OPTICPLE SCLEROSIS** C H C **SCHIZ** EURM 5 **KE** CLERO MUSCULAR REICH'S A ΤΑΧΙΔ Ζ

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romoting Neuroprotection

#### )Er ATIVE DISEASES VF Þ. ACUTEMER PARKINS ENER **OPTICPLE SCLEROSIS** Ċ SCHIZ R S REI CULAR Ŀ. CAL POC **REICH'S A** Ζ



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#### ARNEURO-ACUTE ¢ MYELITIS **OP**<sup>1</sup> Z S R Ŀ. POC EICH'S Ζ

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#### ACUTE **NEURO**-MYELITIS **OP**<sup>1</sup> Z R S L. POC Ζ

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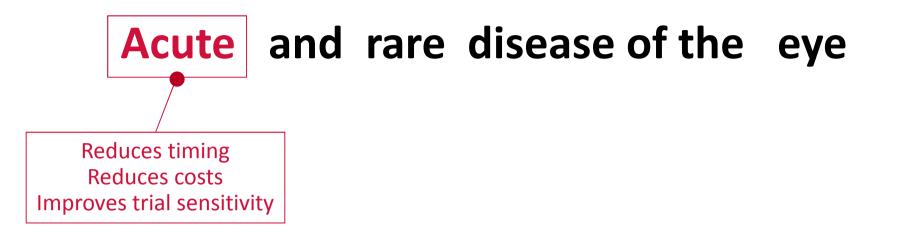
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### Acute and rare disease of the eye



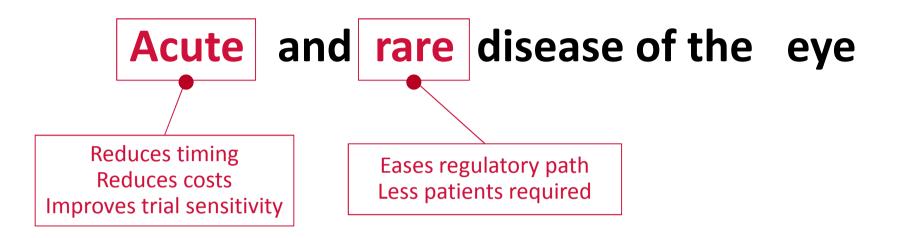


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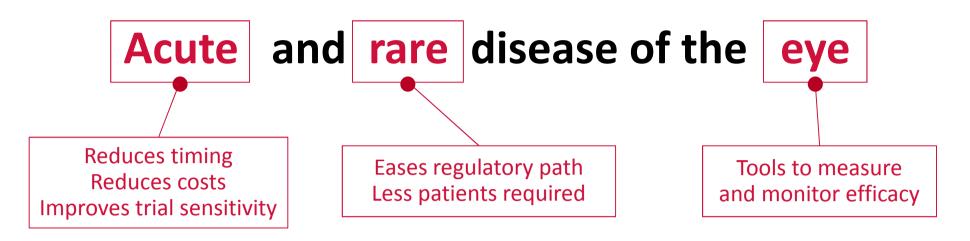
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Cost-effective (less \$ than avg)



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 Acute
 and
 rare
 disease of the
 eye

 Reduces timing Reduces costs Improves trial sensitivity
 Eases regulatory path Less patients required
 Tools to measure and monitor efficacy





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Acute and rare disease of the eye Reduces timing
Reduces costs
Improves trial sensitivity

Cost-effective (less \$ than avg) Fast regulatory path established

Clinical endpoints accepted

bionure

Best path to demonstrate neuroprotection

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Acute and rare disease of the eye Reduces timing
Reduces costs
Improves trial sensitivity

Cost-effective (less \$ than avg) Fast regulatory path established

Clinical endpoints accepted

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Best path to demonstrate neuroprotection

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### Thanks to this strategy we avoid the main risk in trials\* and leverage a huge potential in CNS line extension (e.g. MS)

\*Costly trials (many patients required in long trials) that may fail late at Phase III (because of difficulties for measuring efficacy)

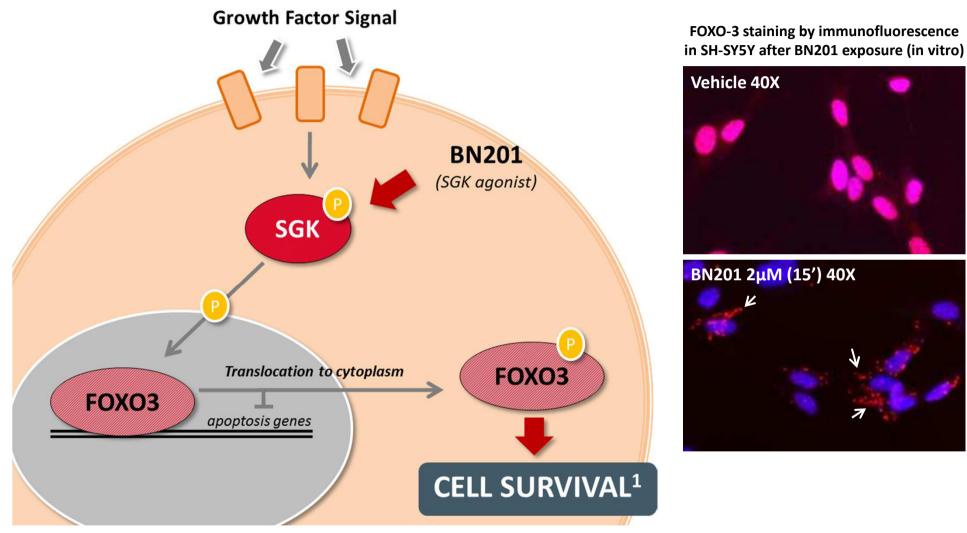
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### 2b. MOA of BN201: SGK agonist

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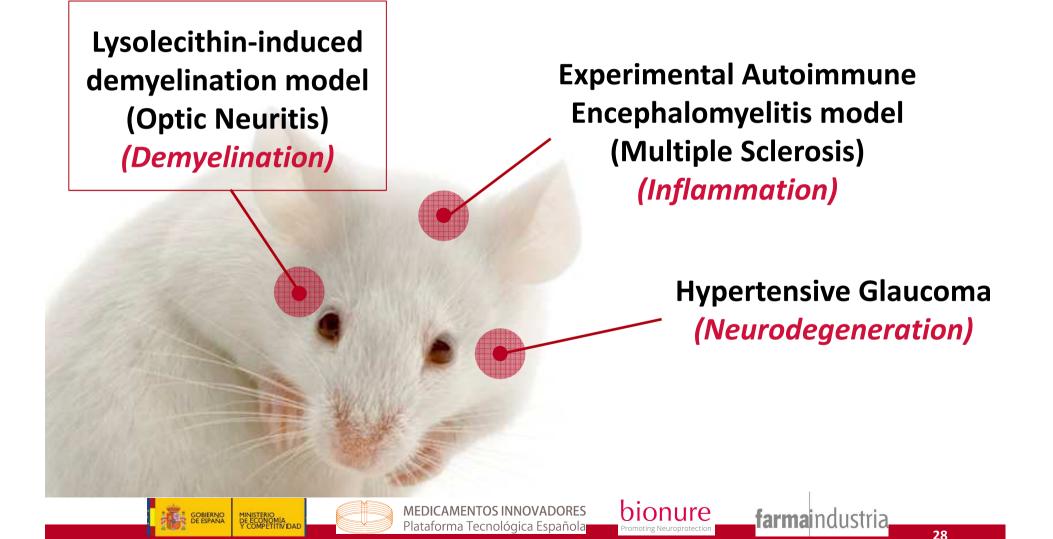
<sup>1</sup>Brunet A, Park J, Tran H. et al. Protein kinase SGK mediates survival signals by phosphorylating the forkhead transcription factor FKHRL1 (FOXO3a); Mol Cell Biol 21(3):952-965 (2001)

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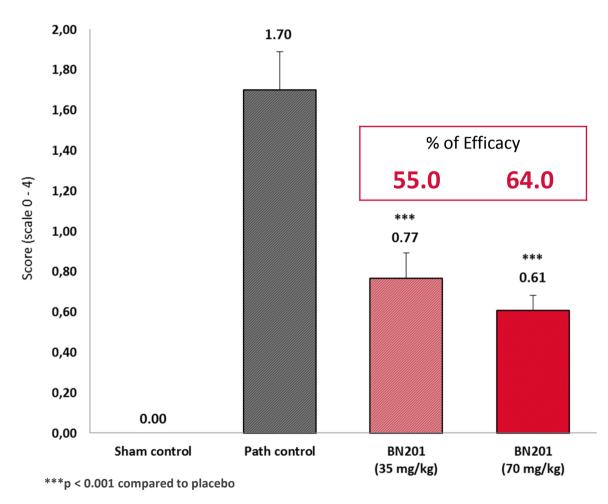
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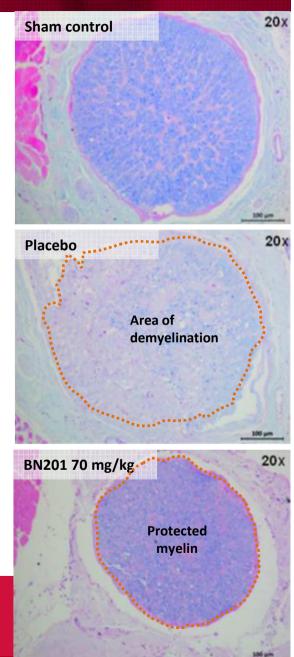
### **BN201** is highly efficacious in animal models



### **2b. BN201 prevents demyelination in LPC model**

#### LFB staining for optic nerve demyelination



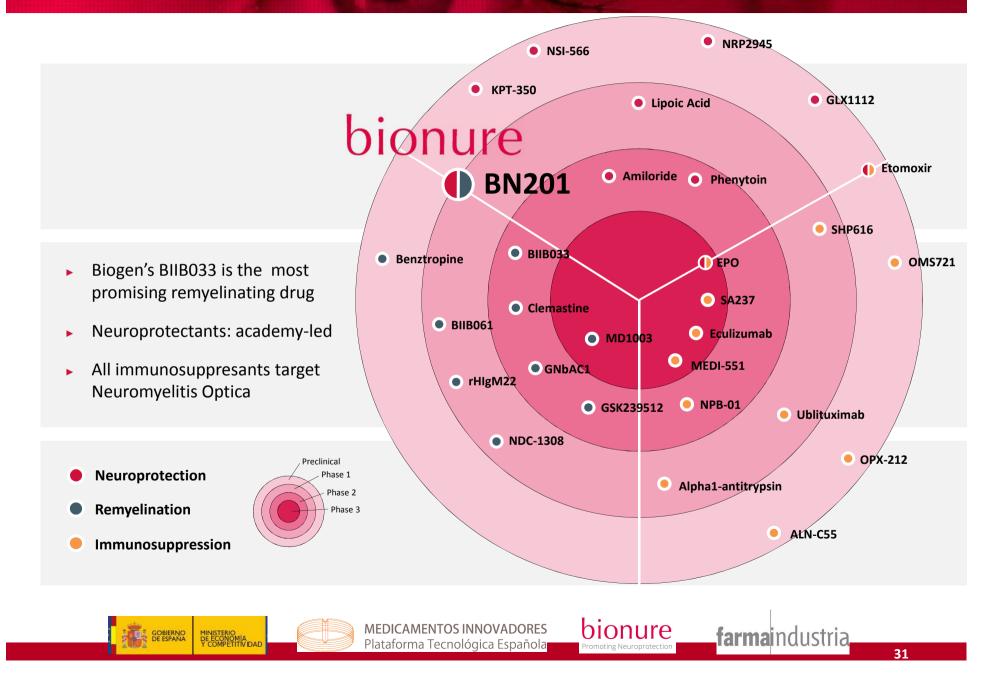


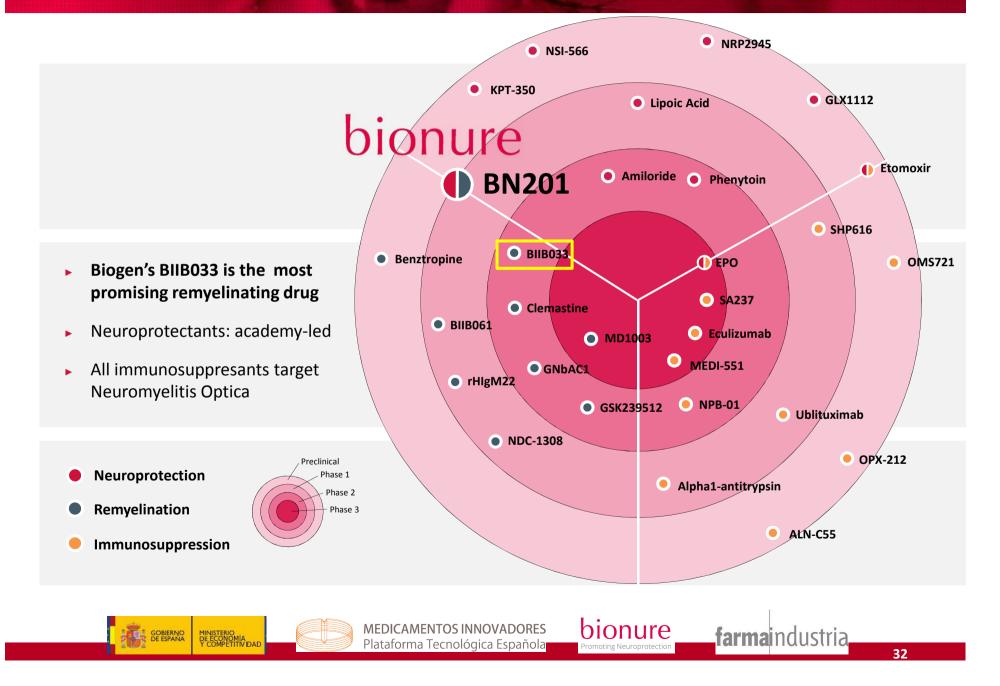
i.p. BN201 protects myelin in the lysolecithin induced demyelinating model in rat

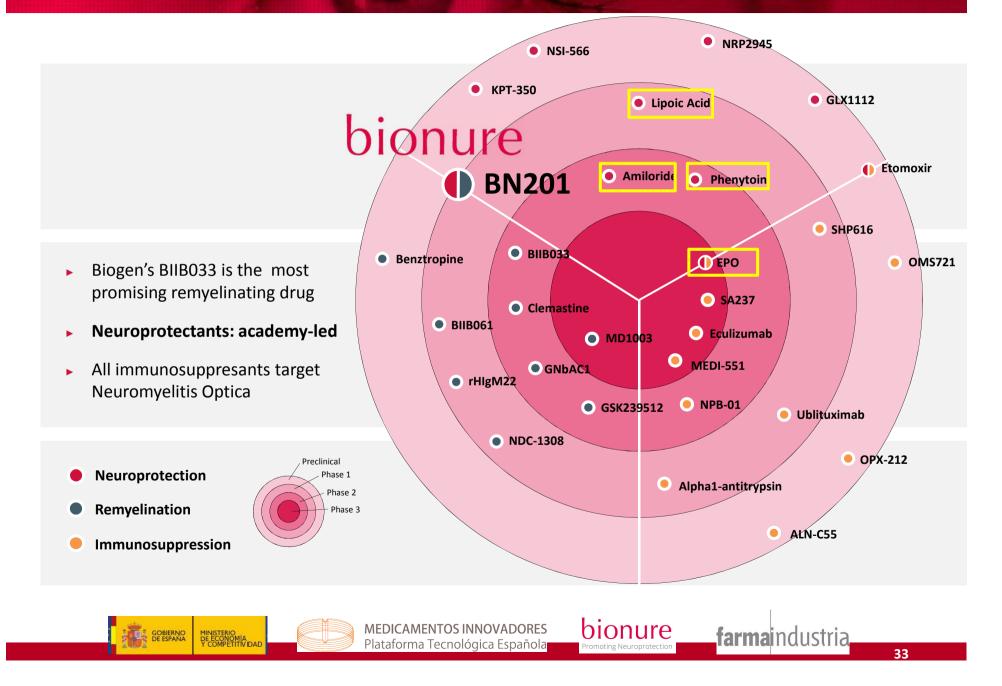
### **2b. BN201 promotes neuroprotection in LPC model**

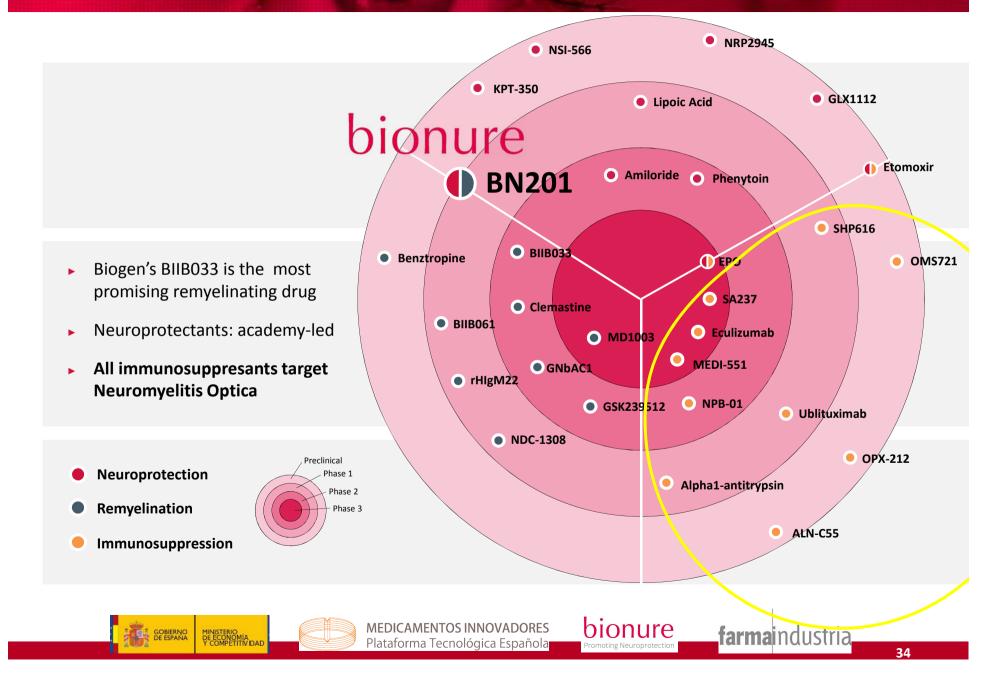
#### 40x Sham control H&E for Retinal Ganglion Cell (RGC) count 250 % of Efficacy 35.9 64.0 198 Number of Ganglion cells/ 6 high power field 200 \*\*\* 178 \*\* 163 Placebo 40x 144 150 Loss 100 of RGC 50 BN201 70 mg/kg 40x 0 **BN201 BN201** Sham control Path control (35 mg/kg) (70 mg/kg) \*\*p < 0.01 ; \*\*\*p < 0.001 compared to placebo

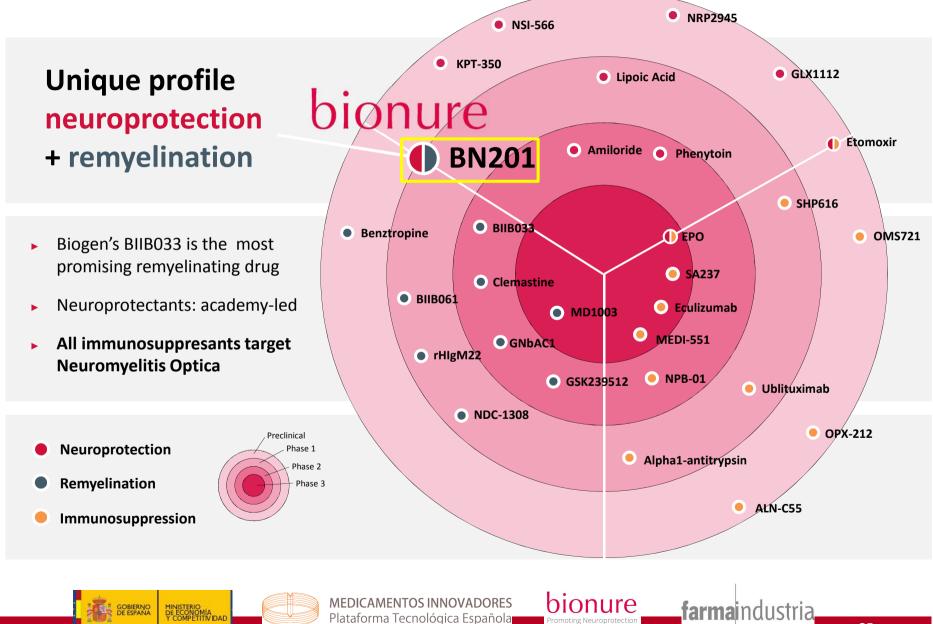
i.p. BN201 protects RGC neurons in the lysolecithin induced demyelinating model in rat











### **BN201: the most promising candidate in the pipeline**

"The interest in remyelinating compounds has recently dramatically increased as one of the hottest areas in drug discovery, together with immuno-oncology and gene therapy. But you can't remyelinate when there are no axons left.

Promoting neuroprotection plus remyelination may be the way"



Prof. Larry Steinman, Stanford

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# 2d. Status of development: milestones

### **Development Milestones**

5 Preclinical	MOA described	Neuroprotection	GLP Toxicology
	First-in-Class, SGK agonist	+ Remyelination	completed
Regulatory	<b>CTA Clearance</b> *	<b>Orphan status</b>	Clinical plan
	By Dutch Agency to start Ph1	by FDA (US) and EMA (Europe)	agreed with the FDA
K CMC	*Completing IND studies for IND clearance DP Formulation in place	e according to FDA conversations	
🛓 IP, Patents	Patent granted (composition of matter)		



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### **Clinical Program**



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### **Clinical Program**

#### PHASE 1 (SAD + MAD)

- > 32 healthy volunteers | Treatment duration: SAD, one single 1-h infusion; MAD, 5 days
- Endpoint: safety and tolerability + PKPD (biomarker)



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#### PHASE 2a (AON, 1<sup>st</sup> episode)

- > 75 patients | Type of treatment: BN201 (IV route / QD / 5 days) + add-on steroids
- Endpoint: Change in thickness of the Ganglion Cell Layer/Inner Plexiform Layer at Week 12



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#### PHASE 2/3 (NMO)

▶ 105 patients | Type of treatment: BN201 (IV route / QD / 5 days) + add-on steroids and SoC allowed

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Endpoint: Change in Low Contrast Visual Acuity (LCVA) at Week 12

### **Clinical Program**

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• Endpoint: Change in Low Contrast Visual Acuity (LCVA) at Week 12

### IV, acute, recurrent intervention for **AON** and **NMO**

**Leveraging Huge Line Extension Potential** 

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# **3. Second Generation Program Outline**

# Goal: Develop new compounds (BN201-related) and new formulations for new indications

- 2-3 years program; 2.5M\$ (including FTEs for chemistry)
- New compounds designed based on Structure-Activity Relationships (SAR). Milestones to achieve:
  - 1. Determination of active pharmacophores of BN201 (SAR)
  - 2. Identify candidates with enhanced potency and bioavailability
  - 3. Validate new candidates identified in a disease model

### Flexible models for collaboration with pharma industry

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# 4. Pitfalls & Risks to be considered

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### **Technical/Clinical Risk**

- Translation from animal models to human
- Clinical design/endpoints
- Clinical execution

# **Regulatory risk**

Feedback from agencies

# **Financial risk**

- Fundraising
- Partnership with biotech/pharma cos.

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# Translation from animal models to clinic





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# Translation from animal models to clinic

**Erythropoietin** (Ph2, RNFL by OCT)





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# Translation from animal models to clinic

**Erythropoietin** (Ph2, RNFL by OCT)

#### <mark>(Nejm</mark> Journal Watch

#### Erythropoietin Reduces Axonal Loss After Optic Neuritis

Robert T. Naismith, MD reviewing Sühs K-W et al. Ann Neurol 2012 Feb 28.

### 46% efficacy



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# Translation from animal models to clinic

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BIIB033 (Ph2, VEP)

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#### MEDPAGE TODAY

MEETING COVERAGE 04.24.2015

#### Early Study Provides First Evidence of Remyelination

- A monoclonal antibody improved nerve signaling in acute optic neuritis.

### 46% efficacy

### 34-41% efficacy



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# 4a. Technical/Clinical risk

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### Translation from animal models to clinic

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Journal Watch

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Journal Watch

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# Phenytoin (Ph2, RNFL by OCT)

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**Phenytoin is Neuroprotective** in a Phase 2 trial in Optic Neuritis

### 46% efficacy

### 34-41% efficacy

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30-34% efficacy

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# 4a. Technical/Clinical risk Translation from animal models to clinic

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Journal Watch

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**Phenytoin is Neuroprotective** in a Phase 2 trial in Optic Neuritis

# 30-34% efficacy

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### OCT for neuroprotection ; VEP for remyelination



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# **Clinical design/endpoints**



Larry Steinman, MD SAB - Neuroimmunology



STANFORD UNIVERSITY





Stephen Hauser, MD SAB - Neuroimmunology







Ari Green, MD SAB - Neuro-ophth.



Figure 5: Clemastine enhances the kinetics of remyelination and promotes remyelination in mice after gliotoxic injury with lysolecithin.

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# **Clinical design/endpoints**



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STANFORD UNIVERSITY





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**Genentech** A Member of the Roche Group

Genentech's Ocrelizumab First Investigational Medicine to Show Efficacy in People with Primary Progressive Multiple Sclerosis in Large Phase III Study



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Biogen Presents New Anti-LINGO-1 Phase 2 Acute Optic Neuritis Data Demonstrating Neurological Repair

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### **Clinical execution**

### Former Clinical Team at Genentech

#### Craig Smith, MD Chief Medical Officer

# **U**NOVARTIS





- Former SVP, Novartis and Global Medical Director, Genentech
- PI in neuro-ophthalmology trials, including ONTT and Genentech's rituximab late-stage trials for MS

#### Jennifer Reichuber Clinical Operations



ORACLE



Altaní Associates

#### Natalie Rossignol Clinical Operations

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Genentech

BILL& MELINDA GATES foundation

### Altaní Associates

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- CTA clearance by the Netherlands Agency to start Ph1
- Studies recommended by FDA for IND clearance ongoing
- Clinical program designed according to FDA (pre-IND)



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# **5. Partnering Opportunities**

# Second-generation program

- Open for collaboration
- Flexible regarding structure

# BN201

M&A, option, licensing agreement

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Direct investment

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### **Back-up slides**



Barcelona, 20 de octubre de 2015





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# 2. Target Indications: orphan ophthalmology

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# **Acute Optic Neuritis**

# **Neuromyelitis Optica**

Acute inflammation of the optic nerve (incidence >5/100,000) >120,000 new patients/year in US and Europe

> Significant visual impairment Eye pain and vision loss

Short recurrent IV treatment Market potential >\$900M

IV corticosteroids for acute events

Chronic inflammation and demyelination of the optic nerve and spinal cord (prevalence 1-5/100,000) >20,000 patients in US and Europe

Blindness, paralysis and death

Short recurrent IV treatment Market potential >\$300M

IV corticosteroids for acute events Immunosuppression to prevent relapse

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### Lack of therapies and strong unmet need



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# **2b.** Role of SGK in neuroprotection

SGK is an **intracellular serine/threonine** kinase Activated in response to **stress** (glucose, pH, ions, oxidative stress) and **trophic factors** Promotes **cell protection**, mediated by Foxo3 and Nedd4.2

SGK mediates the signaling of trophic factors (e.g. IGF or BDNF) and modulates ion channels. Both mechanisms are related with neuronal protection and survival, as well as protecting against neuroexcitability, neuronal apoptosis, neurodegeneration and promoting axonal regrowth<sup>2,3</sup>

<sup>2</sup>Lang F et al. (Patho)physiological significance of the serum- and glucocorticoid-inducible kinase isoforms. Physiol Rev 2006;86:1151-1178

<sup>3</sup>Park J, et al. Serum and glucocorticoid-inducible kinase (SGK) is a target of the PI 3-kinase-stimulated signaling pathway. EMBO J. 1999 Jun 1;18(11):3024-33.

 SGK modulates potassium channels (Kv7.2/3), modulating M-current and protecting against excitotoxicity<sup>5</sup>

<sup>5</sup>Miranda P et al. The neuronal serum- and glucocorticoid-regulated kinase 1.1 reduces neuronal excitability and protects against seizures through upregulation of the M-current. J Neurosci 2013;33:2684-2696.

 SGK promotes neuronal survival and axonal regrowth of dopaminergic neurons in animal model of Parkinson and Huntington disease<sup>4,8</sup>

<sup>4</sup>Chen X, et al. Neurotrophic effects of serum- and glucocorticoidinducible kinase on adult murine mesencephalic dopamine neurons. J Neurosci 2012;32:11299-11308.

<sup>8</sup>Rangone H, et al. The serum- and glucocorticoid-induced kinase SGK inhibits mutant huntingtin-induced toxicity by phosphorylating serine 421 of huntingtin. Eur J Neurosci. 2004 Jan;19(2):273-9

 SGK is expressed in oligodendrocytes and neurons after injury and is involved in axonal regeneration and creation of new dendrites<sup>6,7</sup>

<sup>6</sup>Imaizumi K et al. Differential expression of sgk mRNA, a member of the Ser/Thr protein kinase gene family, in rat brain after CNS injury. Mol Brain Res 1994;26:189-196.

<sup>7</sup>David S et al. Expression of serum- and glucocorticoid-inducible kinase is regulated in an experience-dependent manner and can cause dendrite growth. J Neurosci 2005;25:7048-7053.

# 2b. Lysolecitin induced demyelination (LPC) model

Demyelination induced by injection of Lysolecithin in the optic nerve of rats. Curative treatment with i.p. BN201 started 1 hour after injection.



 Model of demyelination for Optic Neuritis with no inflammatory component. Target: myelin (mainly), axons and neurons (RGCs)

#### Readouts

- Hematoxylin-eosin (H&E) for RGC count
- Luxol Fast-Blue (LFB) for demyelination
- Bielchowsky silver impregnation (BSI) for axonal loss

# 2.4 Phase 1 trial in healthy volunteers

#### A Randomized, Double-Blind, Placebo-Controlled, Single and Multiple Ascending Dose Study of the Safety, Tolerability, PK and PD of BN201 in Adult Healthy Volunteers

- SAD and MAD with 2 single- and 2 multiple dose cohorts (32 volunteers, 24 on drug). Alternating escalating (Leap Frog) design for SAD including 4 doses
- Duration of treatment: 5 days for MAD; one single 1h infusion for SAD
- Primary Endpoint(s):
  - Safety and tolerability of BN201 I.V. injection following a single and multiple dose in healthy subjects.\*
  - PKPD of different doses of BN201 I.V. injection compared to placebo.\*\*



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PRAHEALTHSCIENCES
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Location: PRA Health Sciences, the Netherlands

#### CTA approved on August 2015 by Netherlands Agency

\*The safety of BN201 I.V. Injection will be assessed by adverse event reports, neurological examination, cognitive examination using the Mini-Mental test (MMT), neuropathic pain assessment, cardiovascular assessment: 1) telemetry, 2) electrocardiogram (ECG); 3) Holter (24h), electroencephalographic (EEG) assessment, laboratory measurements (chemistry, hematology, urinalysis), and vital signs.

\*\*Ratio of Foxo3 translocation from nucleus to cytoplasm in peripheral blood mononuclear cells by immunofluorescence

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# 2.4 Phase 2a in Acute Optic Neuritis (MS)

A Randomized, Double-Blind, Parallel-Group, Placebo Controlled PoC Study to Assess the Efficacy, Safety, Tolerability, and Pharmacokinetics of BN201 in Subjects with First Episode of Acute Optic Neuritis (AON).

- Population selected: 75 patients (2 doses of BN201 and placebo, 50 will be on drug) with confirmed diagnosis of first episode of unilateral AON with an onset within 2 weeks prior to study dosing 1/baseline.
- Type of treatment: Two different doses of BN201 (IV route / QD / 5 days), add-on therapy to corticosteroids (placebo refers to second infusion)
- Primary endpoint: Change in thickness of the Ganglion Cell Layer/Inner Plexiform Layer at Week 12 for the affected eye as determined by OCT. Note: 12 weeks because most of the disability is established during this period of time.

FDA: GCL thickness (measure by OCT) is an adequate endpoint for a Ph2a and the primary endpoint can be evaluated at 12 weeks for registry, with additional visits at months 6 and 12 for labeling purposes

**Gabilondo et al. Dynamics of retinal injury after acute optic neuritis.** *Ann Neurol.* **2015:** Atrophy of the GCL in the first month is a strong predictor of long-term visual disability. A decrease of 4 µm in GCL/ is highly predictive of LCVA.



Access to patients: extensive network of experts and collaborators, key in orphan diseases

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# 2.3 Second-generation Program

- 2-3 years program; 2.5M\$ (including FTEs for chemistry)
- New compounds designed based on SAR study
- 4 rounds of 20 new potential hits synthesized
- > Evaluation of potency and bioavailability in parallel and final validation in disease model
- First compounds validated expected after 18 months (1<sup>st</sup> round)

