



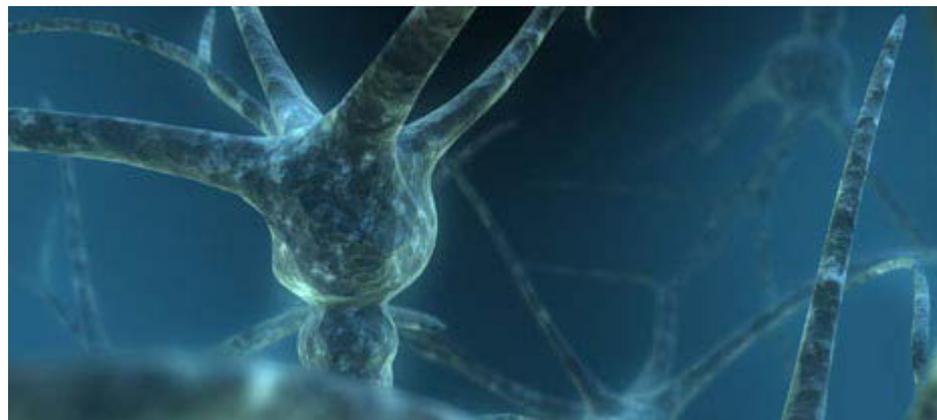
The drug repositioning company

**VIII Conferencia Anual de Plataformas Tecnológicas de Investigación Médica**

**SESION 1: Los Pacientes en Investigación Clínica**

*El paciente de IC en la pequeña "biotech"*

**Dr. Raúl Insa, Fundador y CEO, [insa@sombiotech.com](mailto:insa@sombiotech.com) ☎ 690 623 263**



# How small we are

## MANAGEMENT TEAM



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### **Raúl Insa, CEO, Founder**

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

### **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.

### **Santiago Esteva, Business Development**

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

### **Richard Le, Research Fellow**

- BSc and Master in Applied Science

### **David Gonzalvo, CFO**

- Chartered Financial Analyst, ESADE

### **Open position, Senior Scientist**

## STRATEGIC ADVISORY BOARD

### **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



# Business Model; Drug Discovery to Clinical



Commercial  
Drug Screening

Ligand based *in silico* screening

Experimental  
Validation

Relevant *invitro*, *invivo*  
or *exvivo* models of  
the disease

IP Protection

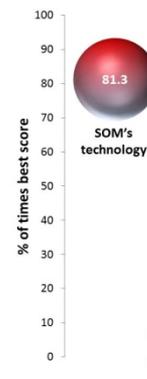
WW mode of use  
and/or composition  
of matter patent

License  
Phase-II POC

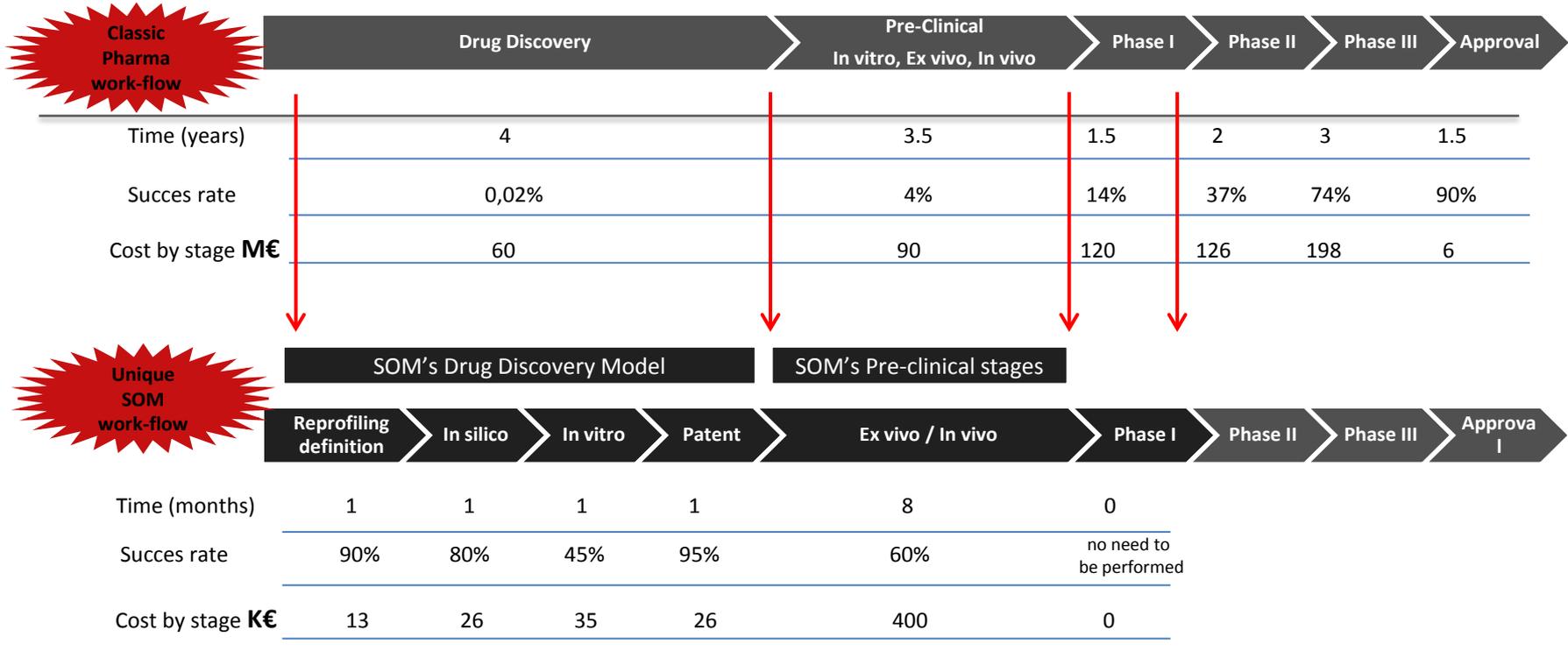
- ✓ Early licensing and add-hoc projects
- ✓ Late licensing

**In House - In Property**

- Ligand-based Virtual Screening Technology
- Molecular field maps through 22 molecular potentials
- 3D maps; flexible alignment; intensive in CPUs use
- Identification of non-structural analogs



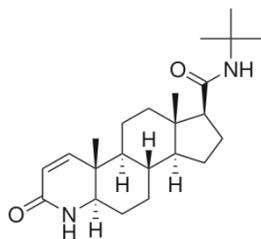
SOM's is the best-in-class in the retrieval of active molecules.



## SOM's model vs. Classic Pharma model:

	SOM's model	Classic Pharma	Difference
Time to Phase II:	1 year	9 years	8 years less
Success to Phase II:	1/6	1/10.000	1,666 times more
Investment to Phase II:	€0.5M	€270M	540 times less

# Success examples in repurposing



FINASTERIDE

Merck

1992: Prostatic hypertrophy



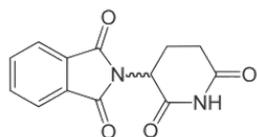
17 €

REPROFILED

1998: Hair loss



52 €



TALIDOMID

Grünenthal

1957: Nausea



40 Pts

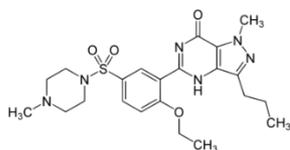
Celgene

2008: Leprosy / Oncology



Thalomid®

6.000 €



SILDENAFIL

Pfizer

1992: Hypertension



REPROFILED

1998: Erectile Dysfunction



99 €

REPROFILED

2012: Pulmonary Hypertension



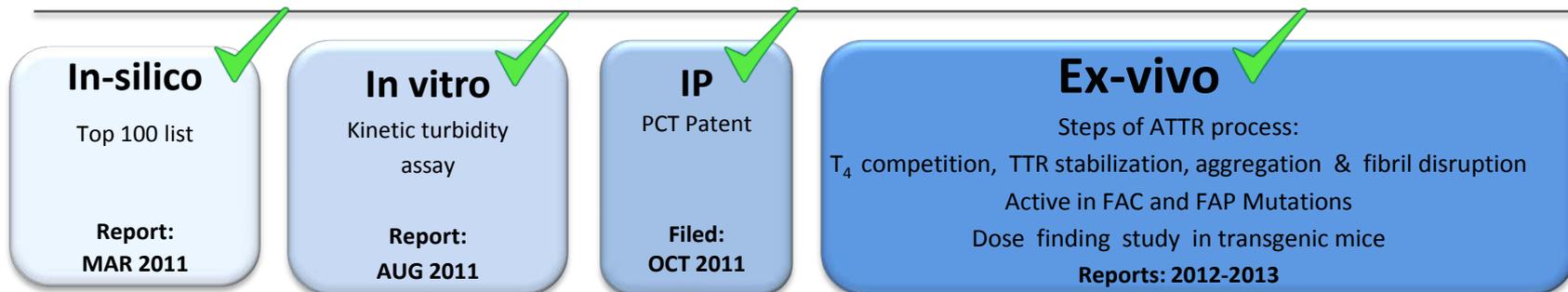
24 €

# Pipeline *December 2014*

AREA	PRODUCT	INDICATION	DISCOVERY	In Vitro VALIDATION	In Vivo VALIDATION	PHASE I*	PHASE II	STATUS	
METABOLIC ORPHAN	SOM0226	<i>TTR</i> <i>Amyloidosis</i>						Phase IIa ongoing	
NEUROLOGY ORPHAN	SOM3355	<i>Huntington</i>						Phase IIa ongoing	
UROLOGY	Alpha-1A adrenergic antagonist	<i>B. Prostatic</i> <i>Hyperplasia</i>						Ex vivo studies ongoing	
NEUROLOGY	Sigma-1 agonist	<i>Amnesia</i> <i>Alzheimer</i>						In vitro studies ongoing Novel MoA	
ONCOLOGY ORPHAN	SOM0777	<i>Glioblastoma</i>							Licensed back

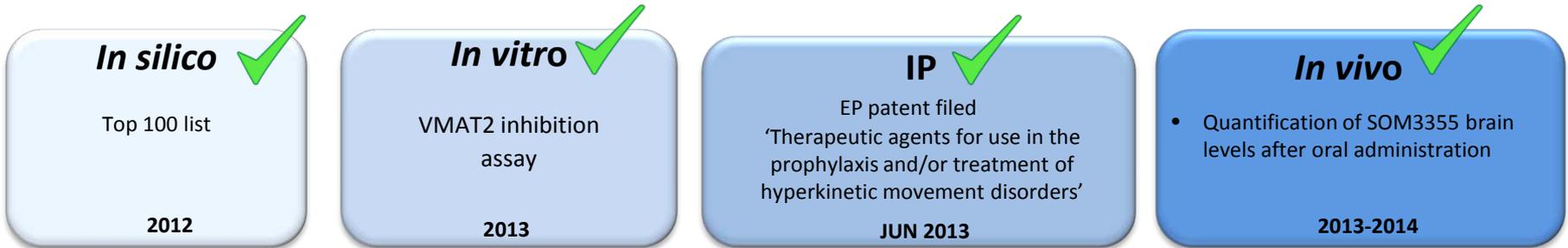
\* As repositioned compounds, Phase I can be skipped

# SOM0226: development plan



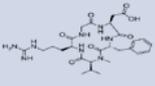
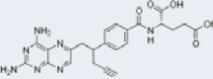
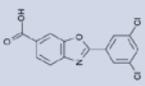
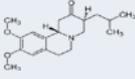
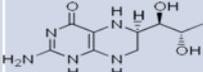
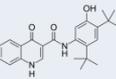
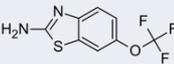
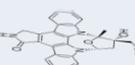
SOM0226-TTR Amyloidosis	2013	2014				2015				2016	2017	2018
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Yr	Yr	Yr
Orphan Drug Status US	◆											
Orphan Drug Status EU												
EMA/FDA Advise							◆					
Biomarker validation												
Preclinical package												
Phase IIa POC EU V30M (n=20)												
OD formulation												
CMC development + Bioequivalence												
Clinical samples (for Phase IIb/III)												
IND/IMPD							◆					
Phase III Pivotal Studies												
NDA												
Approval												◆

# SOM3355: development program



SOM3355-Huntington/Tourette	2013 Q4	2014 Q1 Q2 Q3 Q4				2015 Q1 Q2 Q3 Q4				2016 Yr	2017 Yr	2018 Yr
Orphan Drug Status US/EU												
EMA/FDA Advise								◆				
Preclinical Studies												
Preclinical package												
Phase IIa POC EU Huntinton (n=20)												
Non-Clinical Package												
Clinical Samples (Phase IIb/III)												
IND/IMPD												
Phase III Pivotal Studies												
NDA												
Approval												

# Orphan pipeline

INDICATION	LIGANT	STRUCTURE	RESULTS	STATUS
Glioma (I)	Cilengitide		<b>SOM0777</b> Activity +++ Cellular line +++	Non-exclusively licensed to Argon Pharma SL
T Cell Lymphoma	Pralatrexate		Three +++ hits identified	Abandoned. Already patented
TTR Amyloidosis	Tafamidis		<b>SOM0226</b> In vitro +++, Ex-vivo +++ Primary indication 1997	Open for out-license WW Patent ODS + Phase II POC ongoing
Huntington Disease	Tetrabenazine		<b>SOM3355</b> In vitro +++, BBB +++ Primary indication 1995	Open for license WW Patent Phase II POC under discussion
Phenylketonuria	Sapropterin		40 compounds under screening	No result yet
Cystic Fibrosis	Ivacaftor		Not yet	<i>In silico</i> process
Spinobulbar M Atrophy	Undisclosure	Undisclosure	Not yet	<i>In silico</i> process
Amyotrophic Lateral Sclerosis	Riluzole		Not yet	<i>In silico</i> process
Glioma (II)	Undisclosure	Undisclosure	Not yet	<i>In silico</i> process
Acute Myeloid Leukemia	Lestaurtinib		Not yet	<i>In vitro</i> process

# Involvement of patients in CT (Orphan)

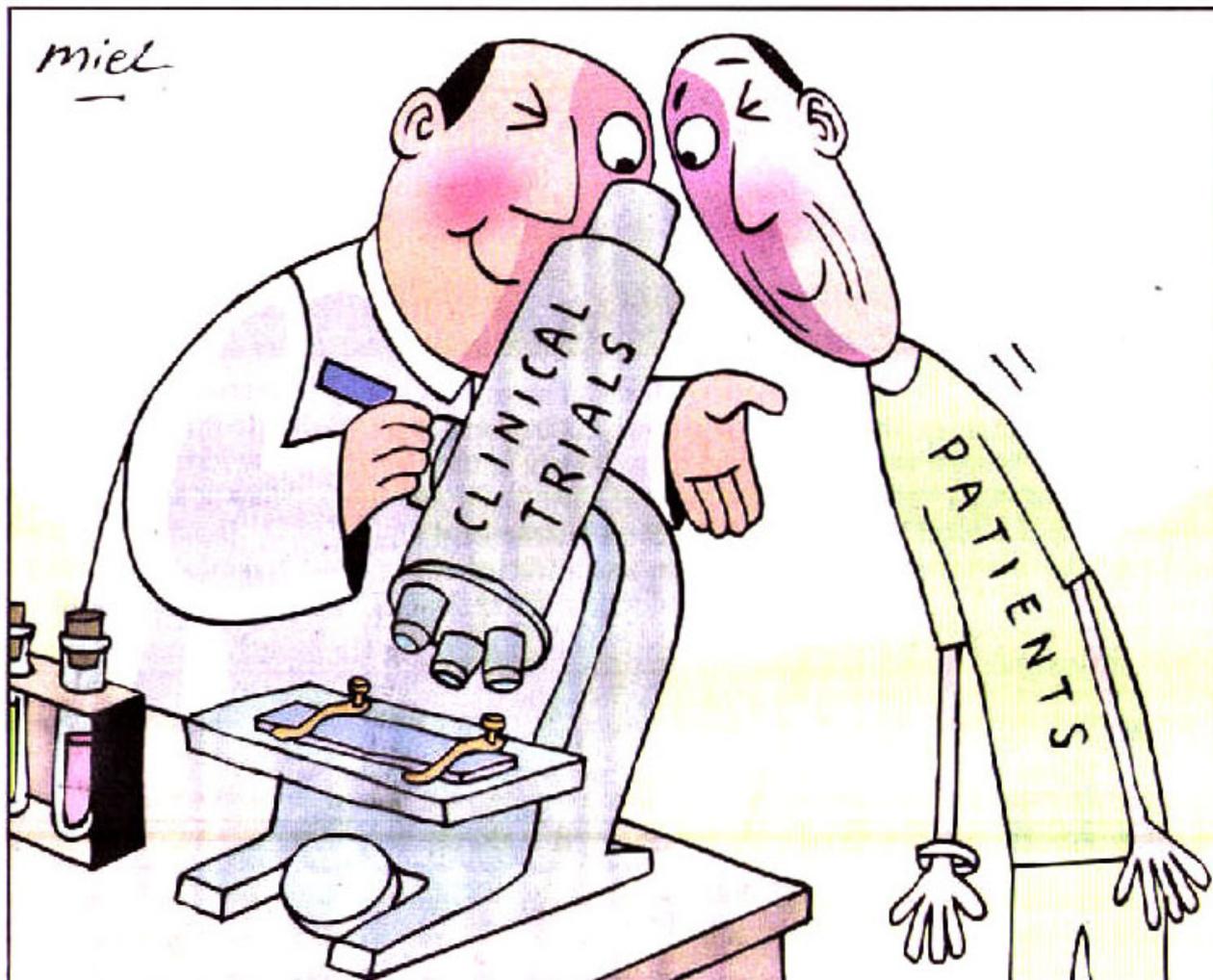
The **ADVANTAGES** to involve patients as soon as possible should be:

- ✓ Participate in the Program Development →
  - ✓ Participate in the Protocol Design ↗
  - ✓ Roll in the Clinical Trial ↑
  - ✓ Compassionate Use ↑
  - ✓ MA Approval Process →
  - ✓ Others: training, health-economics, academia...
- } TIME & QUALITY

The **CHALLENGES** is whether the systems will:

- Help small companies to identify patients
- Help patients to identify in which studies they can help
- Simplify patients access to centres in different regions
- Teach and form patients for a better understanding of the process
- Become a priority for the Health System

# Thanks for your time !



**Dr. Raúl Insa**

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